

ON

ES

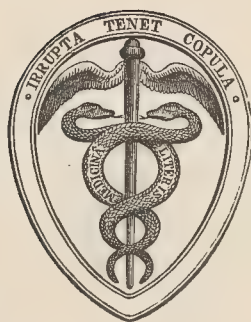
IN





PORTRAITS
OF
DISEASES OF THE SKIN.

BY
ERASMUS WILSON, F.R.S.



LONDON:
JOHN CHURCHILL, NEW BURLINGTON STREET.
M DCCC LV.

P R E F A C E.

IN selecting a title for the present work, I have been actuated by a desire of representing in a word my intentions with regard to its objects. I have determined that no labour or expense shall be spared to render it complete as a series of "PORTRAITS OF DISEASES OF THE SKIN;" and my confidence in the talent of the Artist, Mr. William Bagg, emboldens me to hope that the strict fidelity of the delineations to Nature will only be surpassed by their beauty and excellence as works of Art.

In another sense, I might have termed the work—"Illustrated cases of cutaneous disease," inasmuch as it is my intention to report the case of the Patient with each Plate, introducing among the details of the case such general deductions and practical observations as may tend to explain more fully the History and Management of the disease. By following this plan, the Student will be placed in the position of the Consultant before whom the case is brought, and the peculiar characters of the disease being thus strongly impressed on his mind, will be made available when a similar case is presented to his notice in practice.

Indeed, the cases will be given, and the portraits drawn, in the order in which they come before myself, and without reference to Classification; the circumstance determining my selection, being the character of the case as a good specimen of the particular disease, and the instruction which it may be calculated to convey. By pursuing this course, the Practitioner will have ensured to him the most characteristic and best examples of cutaneous disorder, and the Author will be relieved from the yoke of following a particular arrangement in the sequence of his Illustrations.

Another advantage will arise out of this plan, which is, that the Artist, by transferring his drawing immediately to the stone, will be enabled to complete his colouring of the lithograph from the patient, and while all the peculiar tints of the disease are fresh in his mind.

In my original conception of this work, I had intended to avoid giving any pledge with regard to the regularity of appearance of the Plates, conceiving, that as the Work must be attended with considerable expense, and probably one greater than any returns I can expect to receive, I myself was chiefly interested in the periods of its publication. And the more so, since each separate Plate and each separate Fasciculus might be regarded in themselves as a complete work. But on this point I have been induced to change my opinion, and have yielded to the suggestion of Mr. Churchill, to produce, *at least*, two Fasciculi of four Plates each, in the course of the year.

In choosing subjects for illustration, it will be my endeavour to complete, as soon as possible, the entire series of Cutaneous Diseases, in order to form a volume for binding. When I have effected this

object, I shall supply a table by which the Plates may be arranged according to a classified order. The Classification which I shall follow in this arrangement is the one proposed by myself, and published in my work on "Diseases of the Skin." It is as follows—

I. DISEASES OF THE DERMA.

					{ Erysipelas. Urticaria. Roseola. Erythema.

October, 1847.

II. DISEASES OF THE SUDORIPAROUS GLANDS.

Augmentation of Secretion	Idrosis.
Diminution of Secretion	Anidrosis
Alteration of Secretion	<div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle; font-size: 3em; line-height: 1;">{</div> <div style="display: inline-block; vertical-align: middle;"> Osmidrosis. Chromidrosis. Hæmidrosis. </div> </div>

III. DISEASES OF THE SEBIPAROUS GLANDS.

Augmentation of Secretion	Stearrhoea simplex.
Diminution of Secretion	Xeroderma.
Alteration of Secretion	{ Stearrhoea flavescens.
	{ Stearrhoea nigricans.
	{ Ichthyosis.
Retention of Secretion {	{ Comedones.
	{ Small Sebaceous Tumours.
	{ Sebaceous Accumulations.
	{ Cornua.
	{ Sebaceous Miliary Tubercles.
Duct Closed .	{ Calcareous Miliary Tubercles.
	{ Serous Cysts.
	{ Encysted Tumours.
Inflammation of Glands and adjacent	{ Acne.
Textures	{ Sycosis.

IV. DISEASES OF THE HAIRS AND HAIR FOLLICLES.

Augmented formation	Pilous Nævi.
Diminished formation	{ Alopecia. Calvities.
Abnormal Direction	{ Trichiasis. Felting.
Alteration of Colour	Canities.
Diseases of the Hairs.	{ Trichonosis Furfuracea. Trichonosis Plica.
Diseases of the Hair-follicles	{ Favus. Narcosis Folliculorum. Stearrhœa Folliculorum. Inflammatio Folliculorum.

CONCLUDING NOTE.

EIGHT years have passed away since the above PREFACE was written, and I have little to add to what is therein contained. A volume is now complete; and, so far as it has gone, I am satisfied with my labour; I aimed at producing a *chef-d'œuvre*, and I trust that I may be considered to have been successful in the eyes of those for whom the work was designed. The subject is, however, far from being exhausted, and materials, rich materials, remain behind for the construction of another volume of a twin magnitude with this. Some day I may have the leisure, as I have the will, to undertake it; for the present I must rest. In one point alone I have not fulfilled the promise of my PREFACE, and that is, as to the time occupied in the accomplishment of the work; in this I was delayed by the great occupation of the Artist, the Medical Public have therefore been the gainers by the delay. Mr. William Bagg has effected all I promised and expected of him, and has achieved one claim more to a character already established for talent, taste, and exact fidelity to Nature. He was a Preraphaelite leader before the dawn of Preraphaelitism in the world of Art. I have been equally fortunate in my colourer, Mr. Robert Sherwin, who has exerted himself with great perseverance and zeal, to follow closely the hues of his original, and perfect his department; for both, I may say with truth, that the work has not been a labour of duty alone, but one of pleasure and love.

*Henrietta Street, Cavendish Square,
October, 1855.*

TO THE READER.

NEARLY a quarter of a century has elapsed since these plates of Diseases of the Skin were first undertaken. The portraits remain as faithful to the unchanging face of Nature as they were at the moment of being drawn; but Dermatological Nomenclature has undergone certain changes; scientific opinion has also changed; and so, besides, have views of Classification.

We have thought it desirable, therefore, to conform to this change by altering some of our names, and by varying our scheme of arrangement; and we herewith present to our readers a corrected plan, which, we believe, will be found the most convenient for study and, at the same time, the most consistent with the present state of pathological science. According to this plan, we begin with Eczema and the Eczematous affections, and follow the plan of grouping, to which we have assigned the name of CLINICAL CLASSIFICATION. The succession of the Plates will therefore stand as follows:—

X Eczema vulgare (polymorphicum; <i>seu</i> ichororum, pustulosum, vesiculosum et papulosum).	T Lepra vulgaris (retrograde stage).
AX Eczema capitis (ichorosum et crustaceum, <i>seu</i> scabidum).	AM Lepra guttata.
G Eczema dorsi manûs (papulosum et ichorosum).	AO Lepra diffusa.
D Eczema palmare, squamosum.	AC Lupus non exedens.
AA Scabies vulgaris.	S Ichthyodes.
Q Lichen simplex.	R Cheloma, <i>seu</i> Cheloides.
AD Lichen circinatus, confertus.	AI Phytosis circinata, <i>seu</i> Tinea circinata.
AR Impetigo conferta, facialis.	B Phytosis favosa, <i>seu</i> Favus.
AK Erythema roseolosum.	C Phytosis favosa, <i>seu</i> Favus.
L Urticaria.	A Phytosis versicolor.
AZ Pemphigus iris.	M Melasma reteforme.
AG Pemphigus vulgaris.	H Leucasmus <i>cum</i> melasma.
AY Herpes zoster et phlyctænodes.	I Acne vulgaris.
V Lepra vulgaris.	AP Gutta rosea.
	AE Sycosis vulgaris.
	Z Steatorrhœa faciale.
	AF Molluscum adenosum, <i>seu</i> contagiosum.

DERMATOSYPHILIS.

AW Dermatosyphilis erythematosâ (infantis).	AH Dermatosyphilis papulosa corymbosa.
AT „ erythematosâ squamosa (palmaris).	AN „ papulosa circinata.
AV „ erythematosâ squamosa (plantaris).	AB „ tuberculosa circinata.
P „ erythematosâ corymbosa.	Y „ pustulosa.
K „ erythematosâ circinata (palmaris).	W „ ulcerosa rupiodes, <i>seu</i> Rupia prominens.
AL „ papulosa conferta.	AQ „ ulcerosa circinata.
O „ papulosa disseminata.	E „ ulcerosa serpiginosa.
N „ papulosa et tuberculosa.	F „ ulcerosa serpiginosa (cicatrix).
	AS Anomalous tubercular eruption.



EFFUSIVE INFLAMMATION OF THE DERMA.

ECZEMA SIMPLEX ET RUBRUM.

SYNONYMS: *Humid tetter*.—*Running scall*.—*Dartre vive*.—*Dartre squameuse humide*, Alibert.
Dartre erysipelateuse.—*Herpes squamosus madidans*.—*Herpes miliaris*.

THE subject of the accompanying illustration was a young woman of lymphatic temperament, eighteen years of age. She was one of the unfortunate class of needlewomen—hard worked, badly paid, and poorly fed. Accustomed to rise early in the morning, in order to reach the work-room by the appointed hour, she often got wet feet and clothes on her way; the work-room was low and ill-ventilated, and contained a number of workers like herself; her work was laborious; she was obliged to remain late, and frequently, when she returned home, was so much exhausted, that she lay for many hours without sleep. Her home, a single small room, which she shared with a young woman of her own age, was unhealthy and devoid of comforts.

The soil was a favourable one for the growth of disease; she often took cold during the winter, and had attacks of ephemeral fever during the summer. It was after one of the latter that she first became the subject of eczema. She had been more than usually distressed by close application, and by the heat of the weather, when the present disease made its appearance.

Called one evening to her bedside, I found her labouring under all the symptoms of simple continued fever, of several days' duration. Her pulse was quick, and moderately hard; her tongue white, broad, and coated; her face flushed; her eyes bright and dry; and her skin hot, but moist. The secretions were scanty, or altogether checked, and she had pain in her head: but her chief source of suffering was the state of her hands and arms, which had been smarting and burning greatly since the previous night, and were now covered as high as the elbows with the eruption of eczema exhibited in the plate.

There was some degree of tumefaction about the arms, but more of the hands and fingers; the latter were so much swelled as to be almost immovable, and the attempt at motion gave her great pain. There was also much puffiness of the backs of the hands, and distention of the palms. The general surface of the affected skin presented the two degrees of the disease distinguished by the terms *eczema simplex* and *eczema rubrum*: the former occupied the larger extent of the fingers, the hands, and the arms; and the latter formed several small patches near the roots of the fingers, and more extensive patches on the arms.

In the parts occupied by the *eczema simplex* there was little or no redness of the skin, but the surface was covered by minute roundish and oblong vesicles, caused by the effusion beneath the epiderma of a transparent and colourless serum. These vesicles were so minute as to be distinguished only by close inspection, and by looking obliquely along the surface of the skin. In many places, two or three vesicles had become confluent, so as to form vesicles of larger size, but of irregular shape; while in other places there was a confluence of a number of vesicles, which constituted a multilocular vesicle, as large sometimes as a shilling, but very little elevated above the general surface. The latter character was more especially evident along the edges and upon the palmar surface of the fingers, where, in consequence of the greater thickness of the epiderma, a greater amount of pressure was necessary for its elevation from the derma.

The recent vesicles, and those which were developed on the least inflamed parts of the skin, were quite transparent; but those which had been longer in existence, or developed under a higher degree of inflammation, were opaline, and had a pearl-like refraction. The latter appearance was due to the partial saturation of the epiderma with the effused lymph.

Where the multilocular vesications existed to a considerable extent, there was always some degree of redness of the skin, and, occasionally, the vesicles had burst in the centre, and were discharging a viscous and transparent lymph. This was a stage of transition from the *eczema simplex* to the *eczema rubrum*.

The *eczema rubrum* occurred chiefly on the fore-arms, in large patches; on the back of the hands, near the fingers, and on the fingers themselves, there were also some patches, but of smaller size. In this form of the disease, the skin was red, the epiderma was broken, softened by the morbid secretion, and in several places rubbed off, leaving exposed the vividly red papillar surface of the derma, moistened by and exuding a copious transparent lymph. When the derma had been freshly laid bare, the secretion was so abundant as to distil from the surface in large drops. Some of these drops are shown in the plate hanging over the ragged edges of the swollen and softened epiderma. In other places, the raised epiderma had become dried and encrusted by the secretion poured out from the inflamed and crimsoned surface beneath. These crusts covered the greater part of the affected skin; they were thin, of a yellowish colour, and broken up into angular fragments, that gave them the appearance of an irregular mosaic. Here and there a fragment had broken away, showing the brightly red inflamed derma, from which a copious secretion exuded; and in other places the edges of the fragments had become separated by the swollen state of the skin beneath. Through these cracks the inflamed skin might also be seen, until they became filled up by the constantly exuding and desiccating secretion. By the gradual addition of newly-formed secretion, which poured out through the cracks, and the desiccation of that secretion, the crusts acquired considerable thickness at certain parts,—more especially at the centre,—and more or less irregularity of surface. After a time, the secretion became semi-purulent; and, where the diseased surface had been lain on or rudely rubbed, there was also a slight admixture of blood.

The treatment of this case was antiphlogistic in the first instance, and subsequently the exhibition of the nitro-muriatic acid with bitter infusion. Locally, the parts were covered with a weak saturnine and spirit lotion, containing a drachm of the *vinum opii* to the half pint, and then enveloped in oiled silk. When the acute stage of the inflammation was subdued, I prescribed the oxide of zinc ointment with *liquor plumbi*; and at a later period, when some degree of irritability appeared to prevail in the surrounding skin, and there seemed a disposition on the part of the eruption to pass into a chronic stage, I ordered the *unguentum hydrargyri nitratis*, diluted with an equal proportion of *ceratum simplex*. She got quite well at the end of three weeks, and has had no return of the disease.



W. Sagg ad nardel et lib.

Printed by Hullmandel & Walton.

REPERCUSSIONS OF THE ARM

THE REPERCUSSIONS OF THE ARM

EFFUSIVE INFLAMMATION OF THE DERMA.

ECZEMA CAPITIS.

SYNONYMS: *Erythema ichorosum*.—*Dartre squameuse humide*;—*Teigne amiantacée*; Alibert.—*Porrigo asbestina*.—*Teigne furfuracée*; Alibert.

THE subject of the accompanying illustration was a young woman from Dorsetshire, a schoolmistress, twenty-seven years of age. The disease had existed in its present state, with little variation, for twelve months, and had been threatening for six months previously. She was of delicate and sensitive constitution, had been weakly as a child; menstruation did not occur until she was eighteen, and was then irregular and deficient in quantity, and for the last seven years has ceased altogether. She suffers habitually from pains at the epigastrium, and on the left side, and her digestion is imperfect and painful.

The head presents the ordinary characters of eczema in its subacute form; the acute stage has passed away, and for the moment a less acute condition exists; but at any instant the blaze of inflammation may be lighted up, and exhibit a case of *eczema rubrum*; and after the inflammation has subsided, the present form may be exchanged for one of mere redness and desquamation, without secretion or discharge—in a word, *chronic eczema*. Examining the state of the head as it at present exists, and beginning at the margin, there is a red areola of inflammation, from a quarter to half an inch in breadth, all around the circumference of the disease. Within this areola whitish-yellow and greyish crusts are apparent, at first thin and small; then thicker, and broken into angular forms by the movement of the skin upon which they are based. And passing onwards, the same thick crusts are found to be continuous over the entire head. These crusts are produced by the desiccation of the ichorous and semi-purulent secretions from the inflamed skin; the greater part of the extent of the incrustation is dry, but here and there a patch may be observed, moistened by the effusion of fresh discharge; and if the soft covering be raised at that point, the skin would be found to be vividly red and tumid; so that, at the same moment and on the same head, eczema may be studied in all its several phases, of acute, subacute in various degrees, and at the borders of the disease, simply chronic.

Here and there, also, a dark patch of crust, almost black, may be seen; this is a stain resulting from the effusion of blood, in consequence of violent disturbance of the crust, either by pressure or by the act of scratching. The greater or less preponderance of the sanguineous effusion necessarily modifies the appearance of the disease, as also does the quantity of the morbid secretion, and its pathological nature, as being simply ichorous or ichoro-purulent,—the latter states being themselves influenced by the degree of inflammation of the skin.

The quantity of limpid ichorous secretion poured out by the inflamed skin in eczema is sometimes quite remarkable, saturating frequently a thick layer of coverings, placed upon and around it. In the patient before us, the eruption, while in its first and acute stage, gave rise to an excessive discharge, which trickled down upon her shoulders in small rills, and at night wetted her pillow almost through. At the present time this discharge had in a great measure ceased, but there was still some at the back part of the head. The amount of discharge in some of these cases reminds us of the reports we read of the *Plica Polonica*; and there is good reason for believing that that disease is the same as our Eczema.

The ichorous secretion poured out by the inflamed skin is not continuous, but intermittent, giving one effusion time to dry on the surface before the next occurs; and it is these repeated accretions which render the crusts so thick as they sometimes become. Sometimes the new secretion is retained under

the crust, and there accumulates; at other times, and more frequently, the crust cracks, as the mere effect of the attraction of aggregation accompanying desiccation, into polyhedral masses, and the discharges make their way through these crevices and fissures. The morbid secretions, flowing among the hairs, mat them together, and in a short time the crusts and hair produce a matted mass, which it is impossible to arrange, and which contributes to increase the irritation of the skin. Hence the necessity for shortening the hair, which has been done in the case before us; for, unless this be attended to, the matted hair and morbid secretions constitute a fœtid mass of the most repulsive kind, even where extreme care, attention, and cleanliness are bestowed on the head.

The contraction of the crust by desiccation, and its fracture into polyhedral divisions, which resemble so many islets covering the head, has the peculiar effect of drawing the hairs of each islet together, and producing a conical pencil. All the hairs of the head may in this manner be collected into conical bundles, and present a singular appearance,—of which an illustration is afforded in the patient before us. But another phenomenon, equally curious, is consequent upon this:—When the ichorous secretion is excessive, it flows down these cones, and drips from their extremities; and when the flow of secretion has ceased, it dries upon the bundle of hairs, and forms a thin transparent sheath to each cone, giving to the hairs so included in a filmy, transparent, glistening sheath, the appearance of *asbestos*. This is the origin of the term applied to eczema of the scalp at this stage and in this form, by Alibert, namely, *teigne amiantacée* and *porrigo asbestina*, and is at the same time an illustration of the prodigious absurdity of dermatological nomenclature. *Porrigo asbestina* may be paraded as a species, perchance, certainly as a variety of eczema; and yet, as we have seen, the asbestos-like appearance of the hair is a mere accident, resulting from the manner of desiccation and the subsequent continuance of the morbid secretion. The term *teigne furfuracée* has no better foundation, as it simply represents the chronic stage of eczema of the scalp when all secretion has ceased, and when the inflammation of the scalp has so far subsided as only to be distinguished by redness and furfuraceous desquamation.

The eczema had extended behind the ears, and somewhat to the exterior of the pinna in this patient, as is commonly the case in eczema of the scalp. She had had, besides, some little eruption in the arm-pits, in the flexures of the elbows, and on the fingers. It was attended, as is also usual, with intense, almost unbearable itching, so that the patient often awoke tearing her head. The discharge had a powerful valerianic odour, and was excessively offensive.

The predisposing cause of eczematous disease in this patient was debility, indigestion, and consequent imperfect assimilation and nutrition; the exciting cause, mental anxiety, disappointment, and grief. From childhood she had been delicate; and a year and a half before the outbreak of the present disease, she endured six months of suffering from neuralgia of the head and face, for which several teeth were extracted, without relief. And eighteen months back she underwent great fatigue and exposure to cold while nursing her lover and watching his death-bed. After his death the eruption broke out upon the head in the form of erythema; and six months later, having been much exhausted by a long walk, and subsequently chilled, the eczema made its appearance, and has continued, with occasional exacerbations, up to the present time.

The treatment adopted in this case was, in the first instance,—bitters with alkalies, gentle aperients and alteratives, to correct the secretions of the chylopoietic organs, the liver, and the kidneys; and at a later period, Fowler's solution of arsenic, in *five* minim doses. Locally, I prescribed the benzoated oxide of zinc ointment, with spirits of camphor, a drachm to the ounce; and after the local inflammation was in a measure subdued, and the morbid discharges checked, the nitric oxyde of mercury ointment, diluted with two thirds of the unguentum cetacei.

She reported herself as quite well at the end of two months, and remains so at the present time, after the lapse of several years.



W. Bagg, adnat. del et lith.

Printed by Hullmandel & Co. n.

ECZEMA CAPITIS.
AX.

London: Published by J. Churchill New Burlington St March: 1855.

DEPOSITIVE INFLAMMATION OF THE DERMA.

LICHEN AGRIUS DORSI MANUS.

SYNONYMS: *Baker's Itch.* — *Washerwoman's Itch.* — *Grocer's Itch.* — *Bricklayer's Itch.*

THE subject of the present illustration is a professional gentleman, thirty years of age, of bilious-lymphatic temperament. He has suffered from cutaneous disease, affecting the backs of his hands, for several months of the autumn season during the last two years.

Previously to the above-mentioned period, he has always enjoyed excellent health, his constitutional susceptibility tending to slight attacks of cold, and occasional symptoms of dyspepsia. He has never suffered either from Rheumatism or Gout. He is an only child, and his parents are living, and well; they have shown no predisposition to cutaneous disease.

In the month of August, 1846, while in the country, he first perceived an eruption of small pimples forming a cluster of the size of a fourpenny piece, on the skin covering the first metacarpal space on the back of the right hand. The eruption was attended with much itching, and on being scratched, the points of the pimples were torn off, and converted into so many oozing points, which distilled a limpid and colourless lymph; the desiccation of this fluid gave rise to small scales, while the epiderma covering the whole surface being broken and loosened by the inflammatory process which succeeded, the patch became roughened and coated by a deposit of furfuraceous scales. In a short space of time, this patch enlarged by its circumference, and extended over the greater part of the back of the hand. It continued troublesome, alternately better and worse, until the month of November, when it yielded to the treatment adopted, and got well.

At the time of the breaking out of this eruption, the patient was labouring under a fit of dyspepsia, one of his ordinary "bilious attacks."

In the month of July, of the present year (1847), the lichenous eruption commenced precisely in the manner above described, on the back of the right hand, and shortly afterwards on the left; and has been getting gradually worse up to the time of my first seeing him—namely, October 16th. At this date, there were two large patches on the left hand, and three on the right; the appearance of the latter being shown in the plate. This attack was unconnected, he informs me, with any dyspeptic symptom, or other indication of disordered function.

The drawing exhibits three stages of lichen agrius—namely, its active and chronic forms. The red, raised, pimply, and roughened portion of the large patch, that part which lies nearest the knuckles, offers the ordinary characters of lichen agrius chronicum; the period of repose of the disorder. The patch over the first metacarpal space, fissured with deep and irregular cracks, exhibits the appearance of the eruption when about to awaken from its state of rest, to pour forth an excoriating discharge, and assume a moist condition. In an earlier stage, it may have possessed the characters of the quiescent and chronic form; or it may already have been the moistened phase, dried on the surface by exposure to the air. The central portion of the patch on the middle of the back of the hand is lichen agrius in its most severe and angry aspect; the whole surface is moistened by a colourless lymph, which oozes from the abraded pimples and fissures, and the ground is deeply red and inflamed.

On my first seeing this gentleman, his face was covered with an eruption of lichen simplex, which had appeared the day before, and he was beginning to fear lest the disease should spread over the entire body.

His pulse was full and quick, his tongue dry and coated, and brown towards the root, his complexion and skin muddy, and the conjunctiva yellow and slightly congested. He had no uneasiness about the chest or abdomen, and the bowels had been regular in their action.

I prescribed for him a brisk purgative of colocynth and calomel, which was taken at bedtime, and followed in the morning by a draught containing sulphate and carbonate of magnesia, nitrate of potash, and peppermint water; on the third day, I directed a similar dose; and when the bowels were thoroughly unloaded, continued the draught of magnesia every other morning, for a fortnight longer, together with twelve drops of the nitro-muriatic acid in infusion of gentian, twice in the course of the day.

For the local treatment, I prescribed, in the first instance, the oxide of zinc ointment with liquor plumbi, a drachm and a half to the ounce; and, on the third day, when the irritation of the eruption was greatly subdued, the unguentum hydrargyri nitratis, with an equal part of ceratum simplex. In both instances, I directed that the ointment should be applied with gentle friction three times a day; and that the hands should be kept covered with a light linen bandage, and wash-leather gloves.

The amendment, both in respect of general and cutaneous health in this gentleman under the above treatment was remarkable; the eruption got well rapidly, and without a single contrary symptom, and at the end of three weeks he was quite well.

The cause of the disease in the above case would seem to have been a slight disorder of digestion, and consequent disturbance of cutaneous innervation. This was quite evident on the occasion of the first attack in 1846; and although the patient was not conscious of any such disorder in the autumn of 1847, it is more than probable that some gastric disturbance existed. Certainly on his first appearance before me, the symptoms of dyspepsia were unmistakeable, and suggested the remedial measures which I pursued. It may be observed with regard to this case, that the parts of the body attacked by the disease were those usually subjected to the influence of the air—the hands and the face; and I am inclined to believe that a predisposition to the occurrence of the eruption on the hands already existed in this gentleman, originating in a habit of going without gloves. It is well known that exposure to the heat of the sun's rays in the summer time will bring on an attack of lichen upon the backs of the hands, and, according to Willan and Bateman, lichen agrius of the backs of the hands sometimes results from the contact of powdery or irritating substances, such as lime, dust, sugar, flour, iron filings, and soap.

The disease now under consideration,—namely, lichen agrius of the backs of the hands, is the affection to which the various popular names, Bricklayer's Itch, Grocer's Itch, Baker's Itch, and Washerwoman's Itch have been applied—names which originated at a period when the true nature of Itch was unknown, when, in fact, everything itchy was consequently Itch. But itching is now recognised as a common symptom of disease of the skin, and particularly of some of its forms, such as lichen and prurigo; the above terms should therefore be abandoned.

It is not a little singular that the local form of lichen now under consideration, should have been placed by Willan and Bateman under several of their genera. For example, in its dry and chronic state, it is described as psoriasis diffusa, and this being the form which it more frequently assumes in bakers, probably because the more active stage of the disease is checked by the absorbent and cooling influence of the flour in which they work, the chronic and dry phasis of lichen agrius when it affects the backs of the hands, is the *Baker's Itch*. It may be needless to remark, that this disease is by no means a necessary consequence of handling flour, and that it is far from being uncommon in all ranks of life, and in both sexes. The same disease also occurs on the "hands and wrists of washerwomen, from the irritation of soap;" in which case it constitutes the *Washerwoman's Itch*, and is also wrongly classified by Willan as psoriasis diffusa.

In the active stage, when pouring forth an abundance of ichorous fluid, lichen agrius is the *Grocer's* and *Bricklayer's Itch* of Willan and Bateman, and is classified under the genus eczema, eczema inpetiginodes; and at the same period, when from increase of irritation, excited by a continuance of the original cause, or by improper applications, the discharge assumes a purulent appearance, or small pustules are developed around the circumference of the inflamed skin, the eruption is forthwith translated into the genus impetigo; still, however, retaining its vernacular appellation of Grocer's and Bricklayer's Itch.



SQUAMOUS INFLAMMATION OF THE DERMA.

PSORIASIS PALMARIS.

DRY TETTER.

THE subject of the disease portrayed in the accompanying plate is a man forty-seven years of age. His general health is good, and he has at no time suffered from renal disorder or gout. His parents, and six brothers and sisters, have enjoyed an average state of health, and have never been affected with cutaneous disease, or any serious family complaint.

Until the age of twenty-five, he was a valet, but for the last twenty-two years has followed the occupation of pianoforte-case maker. On the occasion of a visit to Leicester, at a musical festival, five-and-twenty years ago, after a day of great fatigue, he slept in a damp bed, and in the morning, when he awoke, found his limbs fixed with rheumatism. During convalescence from this attack, which left him very weak, an eruption, of the nature of Psoriasis, made its appearance around the base of the scrotum. Two years subsequently, a similar eruption appeared upon his neck, encircling its base like a collar; it then attacked the flexures of the elbows, and lasted in this situation for six years. Twelve years later, the disease showed itself in the palms of the hands, and has continued to occupy that position, with occasional and temporary amendment, up to the present moment—a period of six years.

At the present time (June, 1847) he has a patch of Psoriasis on the left elbow, and three or four smaller ones on the fore-arms, a moderate-sized patch on the right knee, and another near the ankle on the left leg. He has never had any eruption on the trunk of the body or on the head, but there is an erythematous redness, of the nature of Psoriasis, at the angles of the eyelids.

The hands are more severely affected than in any case that has come under my notice. For many months, he has been obliged to work in gloves, and the common exercise of the hands is attended with much suffering, every movement being accompanied by pain. In the first instance, the disease occupied only the centre of the palm, but has extended gradually over the whole of that part, and along the palmar surface of the fingers to their extremity. It has also made its way to the roots of the nails, and has interfered with the correct formation of the latter, producing that irregular and uneven appearance which is common in this disease.

The cracks corresponding with the lines of flexion of the hands and fingers, are very deep, and bleed upon the most moderate increase of movement.

Psoriasis palmaris and Psoriasis plantaris differ from other forms of leprous disease, in the minor degree of elevation which accompanies the inflammation of the derma, this character being due to the great thickness of the epiderma in the palms of the hands and soles of the feet. Consequently, the epiderma is not raised up in loose spongy and laminated scales, with free edges, as in Lepra and Psoriasis affecting other parts of the body, but being altered in its structure and chemical composition by the morbid agency of the diseased derma, and rendered harsh, dry, and brittle, it breaks under the most moderate effort of extension, and during the ordinary movements of the joints.

These fissures correspond with the grooves of flexion of the part, but the epiderma also splits horizontally, and laminae of the dried membrane peel off, and leave irregular steps around the circumference of the disease, and along the margins of the fissures. The surface is consequently rough, and very uneven; in one place presenting a thick layer of hard and broken epiderma of an opaque white or yellowish colour; in another, a smooth and tender spot, covered by the thinnest layer of newly-formed scarf skin, through which the pink hue of the congested derma is distinctly seen. (*See PLATE.*) The fissures are dry even when they involve the derma; they never give rise to any morbid secretion or discharge, but occasionally bleed, when made to gape too widely by the motions of the joints.

The present illustration exhibits also the appearance which the guttated form of Psoriasis (*Lepra guttata*) assumes on the palms of the hands. It is to be borne in mind, that in this variety of *Lepra*, the inflammation of the derma is limited to a small round spot, from one to three lines in diameter; the epiderma produced by the diseased spot is dry, porous, brittle, and deficient in quantity; hence the seat of the morbid spots is indicated by a whiteness, and depression of the cuticle, that suggested to my mind, on first observing it, the depressions made in a piece of card-board by small shot, when fired with too slight a charge of powder to penetrate its substance.

I prescribed for this patient, as is my custom in these cases when the general functions of the body are properly performed and when no indications to the contrary present themselves, five drops of liquor Fowleri, three times a day, using the common precaution of administering the arsenic with a meal, and impressing on my patient the necessity of avoiding, during its use, acids, fruits, and vegetables. The local treatment consisted in the application, with friction, night and morning, of an ointment containing a drachm of camphor to an ounce of the ceratum simplex.

He has taken the solution, without a single disagreeable symptom, for nearly three months, and will continue to take it, unless the medicine give rise to unpleasant effects, until the hands are well, and until the eruption has disappeared from other parts of his body. His hands are now (September 1st) smooth and entirely healed, but the skin is still hot, and the epiderma dry and harsh. The patches on his arms are gradually disappearing, and the patch on the wrist, represented in the portrait, is faded and almost well.



in lithographs

INFLAMMATION OF THE DERMA

INDUCED BY PARASITIC ANIMALCULES INHABITING THE EPIDERMA.

SCABIES VULGARIS.

Variety—PURULENTA.

SYNONYMS: *Itch*.—*Gale*, French.—*Psora*.—*Scabies papuliformis* ;—*Vesiculosa* ;—*Lymphatica* ;—*Pustulans* ;
Pustulosa ;—*Purulenta* ;—*Ulcerans* ;—*Vermicularis*.

THE accompanying illustration is a well marked instance of the “itch” as it affects children in a moderate state of health. The seat of election of the disease is also represented in this plate, namely, the wrists, the clefts between the fingers, and the palms of the hands.

The subject of the illustration was a little girl, ten years of age, the daughter of respectable parents; and the origin of the disease, as happens in the majority of these cases, was unknown. The eruption was more than usually severe, and exhibited the disease in the three forms under which it is commonly seen, namely, the papular, vesicular, and pustular. The small conical pimples of the papular form (*scabies papuliformis*) are seen dispersed over the back of the hand and upon the front of wrist above its flexure. They are very slightly red, hard to the touch, and contain no fluid. In children of certain constitutions, as in those who are deficient in fluids, and in adults, this is the more common form in which the disease appears. These pimples are, in fact, an eruption of lichen induced by the irritating presence of the *acarus scabiei*.

The vesicular form of the disease, *scabies vesiculosa*, is also seen upon the wrists and back of the hand. The vesicles are for the most part conical, but by no means constantly so, their form having reference to the situation in which they are developed, and not to any specific condition. In certain subjects, the vesicular form of the affection predominates, and the disease is then called *scabies lymphatica*.

In children and women, with a delicate and irritable skin, the eruption is apt to take on the form of which the plate affords a good example. A number of pustules are mingled with the papules and vesicles; for although the papular form may exist alone, the vesicular form is always commingled with an eruption of papules; and the pustular with both. The pustules of scabies, according to the constitution of the subject in whom they occur, are sometimes sero-pustules, and at other times pustules from the beginning. In the present example, they partake more of the character of sero-pustules, and are consequently not so vividly yellow as the pustules of ecthyma and the true pustular eruptions. Another condition which serves to influence the formation of pustules is the amount of local irritation; where that is great, and attended with inflammatory congestion of the skin, the production of pustules is a common result. In the subject before us, the pustules are seen in greatest number on the palm of the hand and front of the wrist; a smaller number being scattered over the back of the wrist and hand. On the palm of the hand, and particularly on the ball of the thumb, several of the pustules have burst, and display the congested condition of the skin at their base.

The present case is one of more than usual severity. It is not common to find the eruption either so abundant or extensive. Frequently it is limited to the clefts between the fingers and to the grooves of flexion on the front of the wrist. The more diffused eruption over the hands in this patient partakes of the nature of the eruption on the rest of the body, and is the result of sympathy; in other words, of an extensive irritation arising from a local cause.

The itching, which is an especial symptom of scabies, is apt to be the cause of another modification of the eruption. The vesicles and pustules are broken down in the act of scratching, and the red, inflamed, and oozing surface of the derma is exposed to view. Sometimes this inflamed skin pours out a colourless ichorous fluid; at other times it produces a purulent secretion, and the abraded surface gets the name of "ulcer." It is to the disease in this state that the term *scabies ulcerans* has been given. The common situation of these abrasions or ulcerations is the clefts of the fingers, the flexure of the wrists, and the grooves of motion of the palms of the hands.

The cause of scabies, the *acarus scabiei*, was sufficiently obvious in the present case. I extracted several, the usual test to which I subject the disease. Where there is no acarus, the affection is not scabies. Where the acarus is found, the disease is scabies, by whatever other title it may have been known up to that moment. For some months past I have rarely been without a fresh acarus under the microscope, extracted from successive instances of the disease.

The acarus, as is well known, is always found at the end of a burrow (cuniculus) formed in the epiderma. These burrows are easily perceived, in consequence of their differing in colour from the rest of the scarf-skin. They are usually whiter, the portion of epiderma which forms their vault having lost its moisture on account of its separation from the rest in the form of a thin lamella. The direction of the burrow varies with the taste or convenience of its inhabitant; sometimes it is nearly straight, but more frequently zig-zag or flexuous. Its length is also variable, being sometimes not more than a line, at other times an inch, and even more. I measured the cuniculi in the little patient who forms the subject of the accompanying plate, and found one nearly an inch and a quarter in length. One of these cuniculi terminated on the summit of a vesicle, and there I found the acarus lifted up from the skin beneath by the effusion caused by its own irritation.

The cuniculi are most easily detected in the grooves of flexion at the wrist, and more particularly on the ulnar border of the palm of the hand. There they may usually be found when they are not discoverable between the fingers or on other parts of the hand. As I have stated above, the acarus is embedded in one extremity of the burrow, which is by consequence slightly more convex than the rest. The other extremity of the burrow is necessarily more or less ragged, giving rise to what I have elsewhere termed the "scabrities" of the disease. This "scabrities" is, I believe, the origin of the name *scabies* applied to the affection; and is one of the most important means of diagnosis of the disease. If there be cuniculi, there must be the ragged ends, and frequently ragged borders, resulting from the tearing open of the whole length of the burrow by the nails: and if there be cuniculi, there must be acari by which they were formed. Hence, without any closer inspection, the "scabrities" of the skin becomes a sign of scabies. But however much of itching there may be, however numerous and conical the vesicles, and however abundant the pustules, the case is not one of scabies, unless there be "scabrities," that "scabrities" resulting from the presence of cuniculi and consequently of acari.

My treatment of this little girl consisted in the exhibition of an electuary* containing sulphur, and the use externally of a sulphur ointment prepared according to the accompanying formula.† Four ounces of the ointment were well rubbed into all those parts of the body where the eruption existed, night and morning, for three days, after she had been previously washed in a bath containing an ounce of subcarbonate of potash to a gallon of water. During the inunction, she was kept in a flannel night-dress, and at night slept between blankets. On the morning of the fourth day, she was washed in warm water, and dressed in clean clothes; her cure being complete. As a precautionary measure, the sulphur was continued internally for a week longer; and her hands were anointed with oil containing bergamot, lavender, and musk.

* R Sulphuris sublimati, ʒj.
Potassæ bitartratis, ʒss.
Confect. rosæ caninæ, ʒiij.
Syrupi simplicis, q. s.

M. Fiat electuarium.

A third part to be taken three times a day.

† R Saponis albi, ʒiv.
Solve in aquâ bulliente, dein adde et bene misce
Olei amygdalarum dulcium, ʒiv.
Unguenti sulphuris, ʒviij.
Pulveris camphoræ, ʒj.
Olei bergamii,
Olei lavandulæ, āā gtt. xx. M.



W. Bagg & Co. del. et lith.

Printed by Hullmandel & Wagon.

SCABIES PURULENTA.
A.A.

London. Published by J. Churchill, Princes St. Leicester Square, January 1st 1850

DEPOSITIVE INFLAMMATION OF THE DERMA.

LICHEN SIMPLEX.

SYNONYMS: *Simple lichen*. — *Lichenous rash*.

THE subject of the accompanying illustration was a compositor for a London morning paper. He was twenty-eight years of age, had been married six years, and usually enjoyed good health. From the nature of his employment, he was subject to considerable vicissitudes of temperature, which were augmented by the circumstance of his having to work during the night, while the day was devoted to rest.

In the month of February, 1848, during the prevalence of an epidemic catarrh, he was seized with symptoms resembling those of ordinary cold, accompanied by increased secretion from the nose, lassitude, headach, and pain in the limbs; and, on this occasion, as on previous attacks of a similar kind, he had recourse to a warm bath, which he took on his way home from work, at six o'clock in the morning. The bath was pleasantly warm, and he remained in it about a quarter of an hour. He then walked briskly home, and betook himself to bed. He received no chill either in the bath or on his way to his lodgings.

He slept soundly, and rose in the evening, refreshed by his bath and subsequent sleep. As he dressed he perceived a little itching, but so little as scarcely to attract his attention. In the night, however, he was disturbed in his work by an occasional tingling of the skin, particularly on the sides of his body, and when he rubbed or scratched the spot, the tingling diffused itself and gave way to a general itchiness of the surface. The next morning, when he undressed, he found the trunk of his body and upper parts of his arms covered with a pimply eruption of a vivid red colour. The itching now became very uncomfortable; it was increased by the removal of his raiment, returned in paroxysms when he became warm in bed, and permitted him to sleep only by snatches. These symptoms increased during the two following days, when the eruption had attained its height, and in addition to the annoying itchiness of the surface, the skin was so tender as to render the weight and friction of the clothes somewhat painful.

It was at this period that he first made application to me—namely, on the fourth morning of the rash, on his way home from the printing-office. He was now considerably exhausted by loss of rest and the irritation of the skin; he was pale, had a quick pulse, white and somewhat coated tongue, and was feeling very unwell. On undressing, I found that he wore a red flannel jacket next the skin, and when the latter was removed, the skin appeared scarcely less red than the jacket which he had just withdrawn. Along the hollow of the back, and particularly between the shoulders, the lichenous eruption was confluent, the pimples being of small size; lower down they were distinct; on the shoulders and on the loins they were larger, and disposed in very irregular groups, the groups being connected every here and there by scattered pimples, and having a map-like character; and over the subspinous region of the scapula they were still larger than on the shoulders, but more scanty in numbers. On the front of the trunk they were small and distinct, while on the arms they were larger than in any other situation, showed a greater tendency to assume the clustered arrangement, and were least numerous. The eruption was more abundant on the outer than on the inner sides of the arms, and in the latter region the pimples were large, solitary, and pale, and closely resembled the papules of strophulus. It was remarkable, however, that the eruption did not overstep the limits of the red flannel jacket. This circumstance was most strikingly apparent around the base of the neck, where the pimples were confluent and sharply defined by an abrupt line. On the loins the eruption terminated at the lower margin of the flannel jacket, and was similarly bounded just above the wrists.

Wherever the pimples were collected in great numbers and closely arranged, the whole patch of skin on which they were placed exhibited a suffused erythematous redness; and where the pimples formed irregular clusters, the blending of the redness at their bases gave rise to a mottled appearance. In the separate pimples, however, the redness scarcely extended beyond the limits of their base.

The pimples of lichen undergo an alteration of colour in respect of duration, which was very conspicuous in this case. In the first instance they are brightly red, at the end of two or three days they become amber coloured at their summits, from serous effusion, and, later, they are obscured by the separation and scaling away of their epidermal covering. This last change gives the whole skin a dirty and scaly appearance, more especially where the eruption is confluent. The second stage here noted is perfectly distinct from the effusion in eczema; the serum in lichen is amber-coloured and infiltrated, while in eczema it is less yellow, often colourless, and effused between the derma and epiderma, lifting up the latter as in a blister. The treatment which I adopted in this case was the administration inwardly of a saline aperient* on rising from bed, and a mild tonic of gentian with nitromuriatic acid† twice a day. For the local treatment, I directed him to sponge the eruption with hot vinegar, for ten minutes, on going to bed, and again at rising, repeating the sponging with vinegar during the night whenever the itching caused him to wake.

Under this treatment he quickly improved; and at the end of a week was convalescent.

OBSERVATIONS.

The above case exhibits strikingly the effect of heat in producing an eruption of lichen. The influence of heat is already well known, in the eruption on the backs of the hands occasioned by exposure to the sun's rays—lichen solare; it is also known in the instance of the prickly heat—lichen tropicum; and the case before us may serve as an apt illustration of a lichenous eruption, resulting from a less powerful cause, and one of daily life. I consider this young man to have been predisposed to a cutaneous eruption by the nature of his avocations, and the high temperature in which he passed so many hours of his life. I consider the symptoms under which he first laboured to have been those of common catarrh, portending some trivial disturbance of his health, and I further believe that the temperature of the warm bath, and subsequently of his warm bed, heightened by the heat occasioned by the red flannel jacket in which he slept, were conditions which diverted the morbid phenomena from their original direction—namely, towards the mucous membrane of the air passages, to another locality—namely, the skin, substituting an eruption of lichen for a common catarrh. As collateral evidence of this hypothesis is to be taken the curious circumstance of the exact limitation of the eruption to those parts of the body covered by the flannel jacket, and the confluent character of the lichen where the greatest heat would probably exist. How far the colour of the flannel may have been influential in assisting the eruption, is a question I must leave for discussion till a future time.‡

I have put forth, in another place,§ my views with regard to the pathology of this disease—namely, that the pimple of lichen is the pore of one of the excretory tubules of the skin, raised into an abnormal position, by inflammatory congestion of the capillary plexus which constitutes the vascular wall of the tubule. In other words, lichen is an inflammation of the tubular structure of the skin; and the substitution which had taken place in the above case, was one of inflammation of the inflected vascular membrane of the skin, for inflammation of the mucous membrane of the air-passages.

* R. Magnesiae sulphatis ʒss.	† R. Tincturae gentianae compositae ʒij.
Magnesiae carbonatis ʒij.	Acidi hydrochloridi diluti,
Potassae nitratis ʒj.	Acidi nitrici diluti, āā ʒj.
Aquae menthae viridis ʒvss.	M. A teaspoonful to be taken in a wineglassful
M. A fourth part to be taken night and morning.	of water at eleven and four o'clock daily.

‡ The flannel jacket was new, and therefore had not been washed. It had been worn for ten days previously to the attack of eruption.



W. Baggart, sculpsit et lith.

Printed by Hullmandel & Warton

lichen simplex.

Q.

London: Published by J. Churchill, Princes St. Leicester Sq. October 1st 1848

DEPOSITIVE INFLAMMATION OF THE DERMA.

LICHEN ANNULATUS SERPIGINOSUS.

SYNONYMS: *Lichen marginatus*.—*Erythema marginatum*, Bateman.

THE subject of the accompanying illustration was a strong, healthy-looking young man, four-and-twenty years of age, a member of the legal profession.

He informed me that he had suffered from this eruption for three years; that it came on in the first instance without any illness, or other indication of disordered health; that he might have had a slight cold, or stomach derangement, at the period of its first appearance, but he does not remember anything of the kind. The eruption, he said, always increased during the spring and autumn, and was better during summer and winter, but it never disappeared entirely, and had not done so since its first outbreak three years ago. He did not find it produce any change in his general health, but it gave rise to great inconvenience, and, indeed, suffering, by the constancy and severity of the itching with which it was accompanied. The itching was particularly annoying whenever he got warm with walking, at bed-time when he changed his clothes, and for a long time after he was in bed; sometimes it was so troublesome as to keep him awake the greater part of the night.

The eruption was situated on the breast and back, its frequent seat in young men; in elderly persons it is more commonly observed upon the loins, as was remarked by Bateman; and in women I have usually found it more generally distributed over the body, occupying the limbs as well as the trunk. There is also a difference in the manner of manifestation of the eruption on the different regions of the body; thus, on the front of the chest it is more scanty and distinct; while on the back it is most abundant, and more or less blended. The figure affords a good example of the two forms of its appearance. In the upper part of the back and along the spine, the rings of which the eruption is composed have become blended together, and have given rise to an irregularly shaped map-like patch; while below and upon the scapulæ many distinct rings are seen, such as they commonly present themselves on the breast. In the latter situation, however, the rings frequently coalesce in the hollow of the sternum and in the epigastrium.

The plate before us exhibits the eruption in all its characteristic features; there are small circular red and elevated discs, flat on the surface, with a sharp, distinct margin, but altogether without papules. The diameter of these little angry-looking, erythematous spots rarely exceeds half-an-inch. Then, scattered among the preceding, are other little discs of a similar size, of which the margin is projected at one, two, or three points into pimples, which have a brighter tint of red than the rest of the rim; and every here and there, but few in number, are small isolated red pimples, which upon a close examination are seen to be the projected pores of the skin. These are the elementary principles of the eruption, the little flat discs soon enlarge by their circumference, and project pimples from their margin; and the discs with papulated margins, by a similar process, become rings of an inch, or even two inches in diameter; while the isolated pimples frequently subside and form the small flat discs already described, or become the starting-point of a small ring with its single papule.

This glance at the manner of appearance and progressive development of the eruption will explain the varieties of character which are occasionally met with where the eruption is extensive or abundant.

The growth of the eruption takes place, as I have already observed, by the gradual extension of its circumference; by a centrifugal movement, which, being equally active in all directions, tends to the formation of a circle which is more or less exact. The papules are irregularly placed along the margin of the circle; sometimes one or two alone occur here and there, and by their brighter redness give a striking appearance to the ring; at other times, they occupy one side of the circle, and form crescent-shaped ridges. When they are thus partially arranged, the ring is apt to increase chiefly by the side on which they are placed, and thence becomes irregular in its form. Occasionally rings may be found in which the margin is evenly raised, and where, consequently, there is no distinction of pimples.

The area of the rings has a yellowish tint of colour, and the cuticle covering it is slightly corrugated and dry, and sometimes the seat of a mealy exfoliation. In other respects, the area is uniform and smooth, and but rarely presents any trace of pimples. Along the line of the margin, on both sides of the base of the papular ridge, the epiderma is commonly broken, and presents a thin, free edge.

The diagnosis of this eruption occasionally offers some little difficulty, as may be inferred from the diversity of the names which it has received. The possession of only a portion of its margin, for example, instead of the entire ring, has got for it the title of "*marginatus*." And again, the greater or less distinctness of its papules has made it to be accepted by one author as a lichen, while, by so distinguished an observer as Bateman, it has been classed as an erythema, from the defective development of its papules, or from the blending of the papules into a connected ridge. On this point Bateman remarks, "The erythema marginatum occurs in patches, which are bounded on one side by a hard, elevated, tortuous, red border, in some places *obscurely papulated*: but the redness has no regular boundary on the open side." I have seen the eruption presenting exactly the appearance described by Bateman on the chest, while on the back the circles were complete. In the former situation, it had the appearance of a bright red, curved or tortuous ridge, while in the latter the papules were separate and distinct.

The papules in this form of eruption are commonly more strongly developed on the chest than on the back, and on the sides than in the middle of the region. In the latter situation, the pimples are sometimes so little apparent, that the eruption might be easily mistaken for a chloasma. The yellow tint of the patches, the corrugated and slightly swollen appearance of the affected skin, the mealy exfoliation, and the tormenting itching, are all symptoms of chloasma. Again, I have, in a few instances, seen examples of this disease, which might on a cursory inspection be taken for pityriasis. The eruption is then chronic, and has given rise to a thickening of the skin; the pimples have become worn down by rubbing and scratching, and the cuticle is thrown off in furfuraceous scales.

My experience with regard to the prognosis of this disease is, that it has no tendency in itself to wear out and get well, as is the case with some eruptions. It continues for years, sometimes better and sometimes worse, as in the present case; and any little derangement of the nutritive functions is apt to excite it to increased activity.

The treatment of this, as of other affections of the skin, must be determined by a careful consideration of the whole of the functions of the body; the digestive, the circulating, the nervous, and the emunctory systems must all be closely examined, and the general treatment must be the result of a nicely adjusted balance of the whole of these functions. One while, the index may point to depletion; another while, to a restoration of the energies of the economy; and in a third instance, an alterative treatment may appear requisite. I have the notes of three cases now before me, in which these three different lines of treatment were indicated. In the present case, I succeeded in curing my patient by putting him on a short course of purgative medicines, and rubbing into the eruption the nitric-oxide of mercury ointment diluted, in the proportion of one half, with simple cerate. He was perfectly well in a fortnight, and has had no return of the disease.



SUPPURATIVE INFLAMMATION OF THE DERMA.

IMPETIGO.

SYNONYMS: *Psydracia*.—*Crusta lactea*.—*Porrigo larvalis*.—*Melitagra*, Alibert.—*Dartre crustacée*.—*Dartre crustacée flavescence*.

THE accompanying portrait presents a good example of the common pustular eruption termed *impetigo*, and the thick, dried-honey-like crusts to which it gives rise when from any cause the disease is left to take its own course, as it was in this instance. The disease is rarely met with in adults, not unfrequently in young persons, but most commonly in infants, in whom, in its crusted condition, it constitutes the pustular and purulent form of *crusta lactea*. The term *melitagra*, honey sickness or honey scab, is well illustrated in this case by the thick irregular crusts, which bear a close resemblance to dried honey. Sometimes the dried crust covers the whole of the face, and forms a complete mask to the features. With the likeness to honey, however, the resemblance ceases, for the crusts and the secretions detained beneath them give out a strong and repulsive odour of valerianic acid—an odour which may be regarded as characteristic of the affection, and has been compared by authors to that of the urine of cats.

The subject of the illustration was a young gentleman seventeen years of age, of pale complexion and delicate appearance; debilitated by a sudden and too rapid growth. The history which I obtained of the complaint was as follows:—He had always enjoyed good health until the breaking out of this eruption, which commenced in the month of July, 1851. He was brought up in the country, and always resided there until May, 1851, when, as a growing and not over-vigorous lad, he was introduced to the London atmosphere and the confinement and ennui of a London office of business. The change soon worked its effects upon his health; he began to feel tired and languid; and, without suffering any particular illness, had the impression that his new mode of life was not suited to the powers of his constitution.

About this time he one day overheated himself by running, and afterwards stood for some time in a crowd, and became chilled. The next day an inflamed spot appeared on his cheek, exuded a little fluid, which dried up to a thin crust, and by degrees this rough place increased its dimensions until, in the course of two months, it reached to nearly its present extent.

He applied to his medical man, who prescribed a regimen of meat and porter, and medicinally sarsaparilla and aperients; but with no change for the better in the eruption. It continued in about the same state for four months, when he went into the country on a visit to his relations. Here a new mischance happened him: he fell into a pond, and had to remain for some hours in his wet clothes on a cold day in November. This accident gave a new impulse to the disease, and the eruption suddenly burst forth with considerable violence, and presented an appearance similar to that represented in the plate.

He was now put under the care of a homœopathic practitioner, who prescribed a milk and farinaceous diet, with cocoa, and enjoined abstinence from meat and alcoholic drinks. The eruption got well in about a month.

About the latter end of December, he returned to London, when the eruption re-appeared. He was again submitted to a course of dietetic medicine by a homœopathic physician—this time being permitted to eat meat; but a principal element in the previous homœopathic treatment—namely, the fresh air of the country, being absent, he derived no benefit; and after an unavailing trial of a month, was brought to me.

During the homœopathic treatment no local remedy was used; to which circumstance is to be attributed the excellence of the illustration as a specimen of impetiginous disease.

On submitting my patient to medical examination, I found the powers of his system of the lowest and poorest kind; his secretions bad—the urine, as he informed me, being like mud; and a good deal of irritative fever, which was evidenced by rigors, followed by burning heat. Locally, there was swelling of the skin, puffiness of the eye-lids, and but for the absence of redness, a resemblance to erysipelas. The crusts, by retaining the skin in a fixed position, had made it so tender that the slightest touch produced pain; and as the disease extended to the ears and back of the head, he was unable to lie down in his bed. An accidental pressure of any kind, even the necessary effort of opening the mouth, occasioned a cracking of the skin, and an oozing of blood from the cracks; added to which, there was a constant pricking and itching pain, and a feeling of excessive heat, over the whole head.

The disease was obviously one of mal-assimilation, arising from defective vital powers; the blood was in a poisonous state from an excess of morbid salts with which it was charged; the emunctory organs were unequal to the office of carrying off these morbid salts with sufficient rapidity; the morbid matters accumulated, and a preservative effort on the part of the system drove them upon the skin, for elimination by an inflammatory process. This I conceived to be the pathology of the disease, and I adopted a corresponding treatment. I gave him a laxative pill, consisting of the compound colocynth pill, ipecacuanha, and soap, morning and night, and a grain of sulphate of quinine with sulphuric acid twice in the day. I avoided the mistake of my allopathic predecessor, by prescribing an unstimulating although nutritive diet; and I corrected the error of the homœopathist, by putting in action the benignant powers of medicine. I had it in view to relieve the emunctories on the one hand, by requiring them to perform an increased amount of secretion; I avoided such articles of diet as might fatigue and oppress the digestive organs, and I relied on the tonic properties of quinine and sulphuric acid to give tone and increased vigour to the stomach and its dependencies; and, effecting these objects, I hoped to improve and restore the function of assimilation.

In prescribing the local treatment, I felt the necessity of removing the crusts, which was soon effected by means of a mild ointment and bathing with warm water; and I then directed to be applied to the surface the ointment of oxide of zinc. As the eruption subsided, and assumed a more chronic character, I substituted the nitric oxide of mercury for the oxide-of-zinc ointment, at first in a state of dilution, and subsequently in a more concentrated form.

The result of this treatment fully substantiated my expectations. In five days the whole of the crust was gone, and with the removal of local irritation the eruption appeared to be nearly dissipated; in a few days more the local disease was subdued, and the patient considered himself cured. I was obliged to correct this impression, in order to induce him to continue his medicine; and as the season was unfavourable, and he failed to take proper care of himself, I had some difficulty in preventing a recurrence of the eruption. His bowels were obstinately constipated; the assimilative powers were still feeble; and a certain degree of anæmia still remained.

Under these circumstances, and taking into consideration his unfitness for the sedentary and confined occupation to which he was destined in London, I recommended a sea-voyage to him as a means of completely establishing his health.



IMPETIGO FACIEI.
A. R.

London: Published by J. Churchill, Princes Street, Leicester Square,

CONGESTIVE INFLAMMATION OF THE DERMA.

ROSEOLA ANNULATA.

THE subject of the accompanying illustration was a boy, twelve years of age, who had been subject to similar attacks, at "spring and fall," for the last two years. As a child, his constitution had been delicate, but he now presented the appearance of average strength, without being robust. I am indebted to Mr. Gay, of the Royal Free Hospital, for the opportunity of recording the case.

The boy states that, about a week ago (May 25th), he had occasion to walk to Highgate, and got extremely warm. From which we may infer, knowing the habits of boys of his age let loose, that extreme heat, fatigue, and probably a subsequent chill, were all present as predisposing causes of the symptoms which followed.

On the following day, Sunday, he complained of soreness of his legs, the soreness increasing as the day advanced, and being accompanied by a tingling and smarting, which he compared to the stinging of nettles. In the evening, his suffering increased, and his mother's attention being drawn to his state, she perceived on the legs a number of circular red spots, as large as shillings. The spots were of a bright rose-red hue, with a white spot in the centre, and having immersed his legs in hot water, she observed that the spots became of a deep purple colour.

In association with these local manifestations of an exanthematous eruption, the boy was feverish and thirsty, had soreness of throat, and felt languid and unwell.

It was not until the fifth day after the outbreak of the exanthem that the boy first came before me, and he then presented the appearance represented in the plate. The original circular spots with white centres had become converted into rings, having a reddish-yellow area, and a broad and slightly elevated crimson or rose-coloured border. The cuticle was exfoliating from the *areae* of the circles, killed by the inflammatory congestion which had gone before, while on the borders it was smooth and tense. The redness of the patches presented some degree of variety on different parts of the limb; it was more vivid on some, more roseate on others; and as the eruption declined, approached to the purple of venous congestion. Moreover, as it disappeared by degrees, it exhibited the varied hues of a bruise, and gave the idea of a fading ecchymosis.

The rings exhibit that amount of variety of configuration and size which is usually met with in eruptions whose nature it is to spread by the circumference whilst they fade gradually in the centre. Though generally round, the circle is more or less irregular, and where two or three centres have occurred close together, or where the rings have become blended in their growth, the forms are more or less varied. In this manner must be explained the irregular semicircle just above the ankle, and the fragments of circles around the joint. The mode in which the irregularity occurs is illustrated by the twin-circles in the upper part of the leg, in those upon the foot, and again, in the patch upon the middle of the tibia.

The eruption was rather past its height on the fifth day, on the occasion of the boy's visit to me, the day on which the drawing was made; so that the fourth day may be set down as representing the *acmé* of the eruption. The sore throat had got better when the eruption was fully out, and the febrile symptoms were subsiding.

AK

As I found the febrile symptoms nearly gone, the patient's bowels regular, his throat well, and only a little languor and lassitude remaining, I did not consider the ordinary diaphoretic and saline treatment necessary, but prescribed for him a grain of quinine, with dilute sulphuric acid, and a little tincture of orange peel three times a-day. Under this treatment I was informed that he soon recovered.

The above case occurred in the last week of May, and at that time I had several cases of a similar nature, but less strongly marked, under my care. One of these cases I saw with Mr. Coulson, the subject being a gentleman of middle age. It was attended with slight feverish symptoms, affection of the mucous membrane amounting to cough, and a vivid rose-coloured exanthem, most abundant on the legs. A conspicuous symptom in this gentleman's case was extreme soreness of the subcutaneous parts of the limb, feeling as if occasioned by a violent bruise and stiffness of the muscles; and upon the subsidence of the rash, the mottled and partly ecchymosed stain, that would have been left had the skin really been bruised.

The above case illustrates several points in connexion with the diagnosis of roseola which may be deemed interesting. In some observations on a peculiar form of roseola, published in *The Lancet* for October, 1848, I have mentioned that an instance of this affection, seen by several gentlemen familiar with the physiognomy of eruptive diseases, suggested the appellations:—urticaria, erythema, rubeola, and purpura. Now the tingling and itching sensations which accompanied the outbreak of the eruption, and the red spots with whitish centres, both correspond with the symptoms of urticaria. The congested skin, but very slightly elevated above the surrounding level, would, without the rose-coloured or venous-arterial tint, have been erythema. The alliance between roseola and rubeola is known to be so intimate, that it is often difficult to distinguish between the two diseases, and one form of roseola is properly designated "false measles." In the gentleman's case above referred to, for example, the congestion of the fauces, extending to the larynx and trachea, was distinctly rubeoloid. Again, the chance of mistaking some forms of roseola for purpura is not so remote as might be theoretically imagined. The capillaries of the congested skin, particularly the plexus which surrounds the follicles, are very apt to give way, and give rise to vibices and petechiæ; and if this took place to any extent, the roseolous rash might be lost in the purpura. Again, the bruise-like appearances, to which I have referred in both the preceding cases, form another link between this affection and true purpura.



ROSEOLA ANNULATA.
AK.

Painted by Halmendel & Walter.

W. Bagg ad nat del et lith

London. Published by Churchill, Princes St. Leicester Sq. January 1st 1851

CONGESTIVE INFLAMMATION OF THE DERMA.

URTICARIA PERSTANS.

PERSISTENT NETTLE-RASH.

THE subject of the accompanying illustration was a finely built man, a publican, married, and about forty years of age. His father and mother had passed through life without suffering from disease, and had died at an advanced age; two brothers and a sister, at present living, enjoy good health. His temperament was bilious-sanguine, his habits were temperate, but he was indisposed to active exercise.

On first appearing before me, he reported that his health had always been good, until the month of August, 1845, when he suffered from a severe attack of pain in the joints, which was considered to be rheumatism. The attack was brought on by lying on the damp ground, in one of the Parks, at a time when he was labouring under symptoms of dyspepsia; the pain was very intense, and affected his knees principally. They were treated with hot fomentations and flannel bandages, and he took calomel in considerable quantities, but not to the extent of producing salivation. He stated, also, that he had kept his bed for a fortnight, and that upon the day after rising from it, the present eruption had shown itself upon his limbs, principally in the neighbourhood of the joints, and more particularly on his knees. The eruption was accompanied by considerable itching; it was red in the first instance, but soon became white in patches and ridges; and he observed that whenever he scratched any part of his skin, a similar eruption was immediately produced.

The itching was so intense, that it was supposed the eruption must be scabies, and sulphur ointment was thoroughly rubbed into the skin, but without alleviation of the symptoms. Two days after this, he went to Brighton, where he took a warm sea-bath every other day, and remained a fortnight without receiving any benefit.

In the month of December of the same year, he applied for advice to a hospital physician, who prescribed warm baths, with cold affusion while in the bath, and, subsequently, sweating in a heavy great coat, followed by a plunge into the river. The first of these recommendations the patient followed, to the number of six baths; but the latter, as the season was mid-winter, he made up his mind to decline. Having obtained no relief, he again remitted medical aid for a time.

In the summer of 1846, he described the eruption as having put on the character of a squamous disease; for this he again sought the aid of the medical man, and by the summer of the following year had lost the scaly eruption. Immediately, however, that the latter had disappeared, the urticaria returned with all its former symptoms; and the medical man, disheartened by defeat, fell back upon the warm baths, and recommended change of air.

In September, 1847, the patient went to Ramsgate, for the purpose of trying the effects of sea-bathing. He remained there for three weeks, and returned to town much better than he had been since the commencement of his illness. In a week after his return, the eruption had disappeared entirely.

On the evening of November 12, 1847, having been suffering for two or three days previously with a bilious feeling, he took a pill, and on the following morning a black draught. On the night of the same

day, the eruption re-appeared. He stated that the eruption had always been aggravated by purgative medicine, particularly by calomel; and he felt disposed to attribute his first attack to the calomel which he had taken for the painful affection of his joints.

Three days after this last return of the disease, namely, on the 15th of November, he first applied to me. He complained bitterly of the itching, which he said had rendered sleep impossible during the two preceding nights. It came on with the greatest intensity soon after he had lain down in bed, and as soon as he began to get warm, and he was, thereupon, immediately obliged to rise, and walk about the room.

The eruption, which was evidently urticaria, was, at this visit, principally distributed over the trunk of the body, and was most thickly strewn upon the back, as represented in the PLATE. It faded just below the shoulders, and about half way down the thighs; it was also absent in the lower part of the lumbar, and in the gluteal regions; but in the evening, he said, the whole of the arms and legs was thickly covered. The eruption was of the stationary kind, undergoing no change for the space of several hours, and then gradually subsiding in one spot, while it appeared in another. In the morning, the irritability of the skin was so far subdued, that the wheals could not be easily raised by scratching, but at night the slightest touch sufficed for the purpose.

The general symptoms which he presented were those of dyspepsia, a broad tongue, coated in the middle with a brownish moist mucus; some nausea, and a feeling of malaise, but without any marked abnormal character of the pulse, or tenderness in the gastric region. Feeling that I had to deal with a person of peculiar idiosyncrasy, and remembering the effects attributed to the action of a purgative, I prescribed the tincture of gentian with nitro-muriatic acid. In a fortnight, the symptoms were so far amended, that I had hopes of vanquishing the disorder; the eruption had disappeared; he was feeling stronger, and had discontinued his visits.

The sequel of the case is, however, very distressing. On Monday, the 6th of December, he came to me with a patch of erysipelas, situated across the bridge of the nose, and extending to the cheeks and lower eyelids. On Tuesday and Wednesday, the erysipelas had spread to his forehead and head; on Thursday, he was violently delirious, the delirium rising to its height during the night; on Friday night, he became comatose; and on the following morning died.



W. Bagg and nat. del. et lith.

Printed by P. Colnaghi & Co. London.

URTICARIA PERSTANS.
L.

London: Published by J. Churchill, Princes St. Leicester Sq. June 1st 1848.

EFFUSIVE INFLAMMATION OF THE DERMA.

HERPES IRIS. ERYTHEMA IRIS.

THE curious disease represented in the accompanying plate is comparatively rare, but nevertheless occurs sufficiently often to bring it occasionally under the observation of the medical practitioner. It is essentially a Herpes, sometimes stopping short at the erythematous stage (*Erythema Iris*), and sometimes running on to a stage beyond Herpes, and one corresponding with Pemphigus; therefore *Pemphigus Iris*.

Herpes Iris may occur upon any and every part of the body, as was the case of the patient from whom the above drawing was made, or may be limited to the hands and feet. On the latter parts, and in the less degree of eruptive power which gives rise to it, when appearing in a local form, it generally assumes the character of *Erythema Iris*; but as a general affection, the vesicles of Herpes and bullæ of Pemphigus predominate. When the attack is severe, the mucous membrane participates in the eruption, there are apthæ in the mouth, fauces, and nares, sometimes diarrhœa, or dysenteric symptoms, and mucous discharges, stained with blood; or the eruption is consecutive upon similar symptoms.

The eruption of Herpes Iris being successive, and accompanied with febrile and intestinal disturbance, extending over a considerable space of time,—weeks, and even months; the cutaneous affection may be seen in every stage of progress at the same time. Here may be seen small red spots, which have appeared in the course of a night; there the red spot is surrounded with a narrow ring, of a whitish or yellowish tint, and encircling the latter is a narrow areola of light crimson. At this stage the eruption stops, when it appears on the hands; and the exactly circular patches, presenting three distinct shades of colour, have a very curious and unmistakeable appearance. But as yet there is no central vesicle; the case is one of simple *Erythema Iris*.

Each of the rings surrounding the central papule, or vesicle of Herpes, is frequently the production of a single day, so that when the action has proceeded for some time, as in the large patch of concentric rings represented in the upper part of the thigh, it would be possible, by counting the rings, to determine the day of appearance of the first spot, and the number of days the patch has existed. In this particular patch there are seven white rings, representing seven days, and seven circles of fading red between them; the outermost white ring being bounded by a narrow areola of pale crimson; while in another patch, measuring only half an inch in diameter, I counted nine different tints of colour, which, from the centre to the circumference, were as follows: red-brown, white, deep red, lighter red, deep red, pale red, deep red, yellowish-white, and crimson blush.

When the vesicle of Herpes is formed, it is for the most part solitary; but sometimes the white circle around it is developed into a vesicle at one or more points of its circumference, or forms one continuous circular vesicle; and still more rarely, the succeeding white circle may also become a vesicle, by effusion beneath the cuticle, and then we have the curious phenomenon of a vesicle, encircled by one or two vesicular rings. More frequently, however, as the erythematous areola creeps on, followed by the effusive process, the white circles are taken in succession into the original vesicle, which, as a consequence, becomes developed into a bulla of large size. Such is the history of the singular marking at the upper part of the thigh, more than two-thirds of which were covered in by an enormous bulla.

This curious eruption, which, at different stages of development, and in different patients, may be recognized as an erythema, a herpes, or a pemphigus, may also be mistaken, without difficulty, in some instances, for an urticaria. This is the case when the central papula is broad and white, without effusion, and surrounded by its erythematous areola; or even when the raised circle around the central papule is broad and white. Under treatment, Herpes Iris and its cognate varieties will be found both troublesome and obstinate, partaking in that respect more of the character of Pemphigus than of Erythema or Herpes.

EFFUSIVE INFLAMMATION OF THE DERMA.

HERPES ZOSTER. HERPES PHLYCTENODES.

SYNONYMS: of Herpes Zoster: *Shingles*;—*Zona*;—*Zoster*;—*Cingulum*;—*Ignis sacer*;—*Zona ignea*;—*Zona herpetica*;—of Herpes Phlyctenodes: *Nirles*;—*Herpes miliaris*;—*Olophlyctide miliare*; Alibert.

THE accompanying figure represents Herpes in its two more common forms—namely, Herpes Phlyctenodes, the typical form of the eruption, of which a patch is seen on the flank, just above the hip; and Herpes Zoster, which is a demizone, or half girdle, of phlyctenoid patches, embracing one half the circumference of the body.

The common cause of Herpes, according to my observation, is cold, acting upon some uncovered, or too lightly covered part of the body; this was the cause in the patient before us. She had gone out into the fields, one day in early spring, attracted by the sunshine and flowers, but heedless of a cold easterly wind blowing at the time, and became chilled before her return. The same wind brought me three other patients in the same week; one, a gentleman who had been sitting for some hours in an open gig; another, who had been placed in a draught at a public meeting; and a boy who had sat upon the grass, and had the attack of eruption in his thigh.

In two out of the four cases, the eruption was preceded with intense neuralgic pain; in one it came out imperceptibly, but was followed by pain; in the remaining case, there was an absence of neuralgic pain, but during the progress of the eruption, an intense burning, that brought to the mind the synonyms of the disease—*ignis sacer*, and *zona ignea*.

The violent neuralgic pains associated with Herpes, indicate a close alliance between the state of the affected nerves and that of the skin; and I have long looked upon Herpes as a neuro-dermal affection. Medical men will at once call to mind the intense and unmitigable suffering which they have seen in connexion with this disease, either before the eruption, or more frequently on its decline, and the prodigious difficulty they have had to control it. The affection of the nerves determines the peculiar phenomena of Herpes Zoster; the patches of the eruption being developed on the line of skin supplied by the affected nerves. Thus, in the instance before us, which illustrates the common position of *Zona*, the intercostal nerves are the “fons et origo” of the eruption; and this being the case, the eruption never extends beyond the middle line, because that is the limit of the nerves. The same rule applies to the entire trunk, and to the root of the neck. On the upper part of the neck and head it is more irregular, taking the direction of the branches of the cervical plexus, or of the fifth nerve. On the limbs it also follows the course of the nerves, and has consequently a vertical direction, appearing to creep along the affected part,—*herpes proserpens* of Bateman.

When Herpes ceases to present a circular course, it loses its title to the term “Zoster,” and is then simply Herpes Phlyctenodes. The latter may occur on any part of the body; I have twice seen it on the foot, twice on the temple and eyelids, and once on the conjunctiva.

Herpes Zoster is composed of patches of vesicles (phlyctenæ) which come out in succession. Hence, as in the figure, the eruption may be seen in all its stages at the same moment. First there is an erythematous blotch of irregular shape, mostly oblong; next, papulæ of a more vivid red than the rest of the patch are seen scattered over its surface; then vesicles appear, at first minute, then larger, until they reach the size of small bladders, and frequently two or three run into each other. When the vesicles first rise up, the fluid which they contain is perfectly limpid and transparent, by degrees it becomes white and opaque, and then purplish. Shortly the vesicles collapse, and give rise to small, hard scabs, deeply embedded in the skin, and of a deep brown, approaching to black; and after a time the scabs fall, and leave pits, which are visible for several weeks.



W. Bagg, adnat. del et lith.

Printed by Hullmandel & Walton.

HERPES IRIS. — ERYTHEMA IRIS.
A. Z.

London Published by J. Churchill, New Burlington St. 1855

EFFUSIVE INFLAMMATION OF THE DERMA.

PEMPHIGUS ACUTUS.

SYNONYMS: *Pompholyx*.—*Pemphigus vulgaris*; *confluens*; *confertus*.

THE subject of the accompanying illustration was a little boy, seven years of age. He was a delicate, emaciated child, with light hair, a clear blue eye, and thin skin, and predisposed to scrofulous disease. He had been vaccinated when six months old, and went through all the stages of the process favourably.

At the age of three years he received an injury to the knee from a fall; the injury was such as not to prevent him from running about for three or four days; but at the end of that time he began to show signs of lameness. There was no appearance of disease in the knee, but the lameness continued, and in six months the joint was somewhat enlarged. After another six months the increase of size was such as to induce the mother to take him to a hospital. The knee was then blistered several times, and in five weeks was so far restored that he was enabled to leave the hospital, and was sent into the country, where he was permitted to run about as he chose. The consequence of this injudicious proceeding was, that the joint again enlarged, and from his habit of only putting the toe to the ground, became bent and fixed in that position.

He was in this state in April, 1849, when he was taken to another Hospital, and again placed under treatment. He had been in the Hospital about two months when the present eruption first made its appearance. The attack lasted between eight and nine weeks, and he was then discharged from the hospital apparently cured. After being at home for ten days the eruption returned, and he was again taken to the hospital. This second attack lasted five weeks. He was now transferred from the medical to the surgical wards, and after a fortnight the eruption appeared for the third time, and another period of five or six weeks elapsed before he got well. In the early part of January, 1850, the knee was condemned by the surgeon, and the mother, feeling disinclined to allow him to lose his leg, removed him from the hospital.

About the middle of February he obtained admission into a special hospital, and remained there three weeks, when the eruption made its appearance for the fourth time, and he was sent home. It was at this period that he first came under my care. I found him to be thin, his muscles soft and flabby, and skin dry and pale; but without any disturbance of the mucous membranes. The eruption gave him no pain, but considerable torment from itching; he was chilly, and was affected with rigors whenever the eruption was exposed to the air. The appearance of the eruption is exhibited in the plate; both arms were in a similar state, but the disease did not extend higher than is there represented. On the legs the eruption was less than on the arms, and most abundant around the ankles. On the lame leg there was no eruption higher than its middle; the opposite one was dotted with small patches as high as the knee. He had two or three bullæ in the pubic region, a like number on the back of the neck, and a cluster around the mouth, particularly on the upper lip. With the exceptions mentioned there were none on the trunk of the body.

The appearance of the eruption at its height is well exhibited in the plate. There were bullæ of various size and variously arranged situated on a base of inflamed skin, which, where the bulla was

isolated, formed only a narrow margin around it, but where the bullæ were numerous and congregated was extensive and diffused. Some of the bullæ contained a colourless lymph, to which a pink tinge was communicated by the bright red of the decorticated skin. Others had a bluish tint from the admixture of a small quantity of effused blood with the lymph; some few, where there had been pressure, were sanguinolent, but this was only the effect of injury; in some the contained fluid was slightly opaque, and gave an opaline lustre to the bulla, and in a few of the smaller bullæ, which had passed their height, the lymph was purulent.

The eruption was generally preceded by an itching of the skin; this was followed by a blush of redness, and upon the red ground the bulla quickly arose. The blush of redness, which was a distinct erythema, was not always uniform in tint. It was lighter in the centre than at the circumference, and several times I observed that it was clearly annular, as is shown in the uppermost part of the figure. When the bullæ were fully distended, the epiderma gave way, and the fluid escaped, the epiderma subsiding upon the inflamed skin beneath. Sometimes, however, the epiderma was rubbed off, and then there existed an excoriation, which became coated by degrees with a thin crust of a brownish-yellow hue. Occasionally, the violence which removed the epiderma produced a little oozing of blood, which, mingled with the sero-purulent secretion from the excoriation, produced a deep-brown or a black crust. At an advanced stage of the disease, several of these black crusts might be seen, mingled with yellowish crusts and thin scales of epiderma, partly separated from a skin of erythematous redness.

The eruption of pemphigus, when abundant, has always the tendency which is met with in herpes, of clustering in groups, and forming rings. Several little groups of bullæ are seen in the plate; and on the legs were two or three very distinct rings.

The present case serves to illustrate very forcibly the characteristic obstinacy of pemphigus. The poor boy has now had six attacks of the disease in little more than twelve months, and the tendency to the recurrence of eruption is not yet checked. The first attack lasted more than two months, succeeding attacks have yielded sooner, and the last two disappeared in somewhat less than three weeks. The intervals between the attacks have been very variable—sometimes two or three weeks, at other times as many months. After the penultimate attack he was taken into the country, but even there, although to all appearance much improved in health, another outbreak occurred. His mother has remarked, that previously to an attack, for the space of about two days he is generally fretful and cross; there is a dark circle around his eyes, and he is paler than usual. After this he is feverish and restless at night, and in the morning more or less completely covered with the erythematous patches and rings, and numerous perfect bullæ are developed; as soon as the eruption has burst forth, he returns to his normal state of health.

My brother, Dr. Marris Wilson, has favoured me with the following observations on the urinary secretion of this patient. The quantity of urine passed in twenty-four hours was twelve ounces. It was light-coloured, acid, and possessed a specific gravity of 1033. On standing, a light flocculent deposit took place, entangling in its descent a small quantity of oxalate of lime, in minute crystals. Its chief peculiarity was an excess of urea. The quantity of solid matter which it contained was 429 grains; and its analysis gave the following proportions of water and solid ingredients, the latter being principally urea:—

Water	-	-	-	923·11
Solid constituents	-	-	-	76·89
				<hr/>
				1000·00

I felt, on making my first examination of this poor boy, that fresh air and nourishing food were the remedies best fitted to his case, as tending to correct the *waste* which was the leading feature of his morbid state. Medicinally, I prescribed for him two grains of calomel, as soon as the premonitory symptoms of an attack showed themselves; and, subsequently, tonics. He took, during his various attacks, the iodide of iron, with sarsaparilla; the citrate of iron with quinine; cod-liver oil; Fowler's solution; and is at present taking the tincture of bark with sulphuric acid. His diet was carefully attended to—everything calculated to be nutritive and strengthening was supplied to him, and he was allowed a glass of wine daily.

The medicine which has appeared to be of most service to the child hitherto is Fowler's solution.





HERPES ZOSTER. — HERPES PHLYCTENOIDES.
A.Y.

SQUAMOUS INFLAMMATION OF THE DERMA.

PSORIASIS VULGARIS.

SYNONYMS: *Common diffused dry tetter.*—*European leprosy.*—*Dartre sèche.*—*Dartre furfuracée.*

Schuppenflechte, German.

THE subject of the disease illustrated in the accompanying plate was a young girl, about fourteen years of age; she had suffered from the affection more or less extensively, and acutely, since early infancy, but had no remembrance of any particular aberration of health preceding its outbreak.

With the exception of the present eruption she appeared to enjoy an average state of health; her appetite was moderate, she engaged in the ordinary occupations of her age without unusual fatigue, she slept well, and her spirits were good. Her menstrual functions, however, had only been recently established, and were imperfect.

The disease occupied to a greater or less extent her entire body, but was, as is usually the case with psoriasis, most abundant on the limbs. It also extended over the scalp, covering this region with a thick stratum of scales, and made its appearance along the edge of the hair, forming a narrow and somewhat regular band, around the circumference of the latter. There was besides a similar incrustation bedded upon a red and thickened basis on the eyebrows.

The face and front of the neck were free; on the chest were three or four patches of small size, and on the abdomen a like number, but larger. There were eight or ten irregularly shaped patches, varying in size from the diameter of a pea to that of the palm of the hand, dispersed, without symmetry, on the back, the smaller spots occupying the region of the neck, and the larger the loins and nates.

On the legs the patches were more extensive than on the trunk of the body; one of considerable size covered the greater part of the inner aspect of one thigh, while on the opposite limb the largest of the patches was external. Both knees were capped with broad patches; and others, of irregular form and covered with moderately thick broken scales, extended down the legs to the ankles and feet.

The arrangement and appearance of the patches on the upper limbs, are illustrated in the drawing. The shoulders were comparatively free; on the upper arms they assumed an irregularly circular form; near the elbow the patches were larger and more irregular, and on the back of the hand the disease was modified by exposure to the action of air, and external irritants.

In the drawing, the patch situated immediately above the bend of the elbow will be seen to be almost as circular in form as those of *lepra vulgaris*, and, indeed, more circular than the latter disease, when undergoing the process of dispersion. This patch has taken on the ordinary curative action, of healing at the centre, while the circumference continues to enlarge, leaving an irregular ring with an area of sound skin of a brownish yellow colour. The large oval-shaped patch, below the preceding, is covered by a thick silvery glistening scale, broken up into small portions, in the direction of the lines of motion of the skin, and along the margin scored by deep and gaping chaps, reddened by a recent oozing of blood.

On the elbow is a patch, of which a small portion only is visible in the drawing, but this is prolonged downwards into one of larger size. On the back of the forearm the patches are seen to be made up of an assemblage of small separate tubercles, each surmounted by a distinct scale. The central tubercles are collected together without order or arrangement, but those of the circumference, which are larger, are more

or less closely and regularly placed, and form, by their gradual peripheral growth, an elevated boundary, which is nearly circular in its direction. The scales covering these patches is of a yellowish grey colour, and irregular both in thickness and shape. They are more distinct upon the marginal than upon the central tubercles, and on the former are thicker and more adherent.

Although the patches on the forearm so nearly approach to the character of lepra, by their circular form, yet they differ from the latter in their disposition to run together, and in their compound formation. In the drawing, three of the patches on the forearm are thus seen to become blended by their borders, and the lowest of the three is very irregular in its shape. On the wrist, the back of the hand, and on the fingers, the primary tuberculated character of the eruption is very manifest. The greater number of the scales have been removed from this part by washing; and the disease in its elementary and tuberculated form, consisting of small elevations of thickened, inflamed, and indurated skin, is brought distinctly under observation.

The induration of the skin, which is a part of the pathological condition of psoriasis, is the primary cause of the deep and gaping chaps so frequently met with in this disease, and which are seen on the back of the hand in the present figure. Another character of the disease is the morbid alteration which occurs in the nails, and which gives rise either to a thickened, discoloured, loosened state of the nail, or to the deep uneven furrows which are seen in the present case.

The treatment which I pursued in this patient was to place her under an arsenical course, which not only removed every trace of the cutaneous disease, but improved her appetite and general vigour very greatly. The form of arsenic which I prescribed is that which I have found to agree with the stomach better and longer than any other, namely, the arseniate of soda, in doses of one twelfth of a grain, three times a day, with meals, and with the other usual precautions. During the whole ten months she required a suspension of the remedy only twice, for a period each time of ten days, although for a greater part of the time she was under the influence of the medicine, as I ascertained by her tongue, and by the state of her skin.

Several years have now passed away since this girl was under treatment, but when I last saw her, about a month since, she was quite well, and had had no return of the complaint.



W. Pegg ad. r. de la. K.

PSORIASIS VULGARIS.
V.

Printed by Hall and Co.

London: Published by J. Churchill, Prince's Street, St. Martin's Lane, 1849.

SQUAMOUS INFLAMMATION OF THE DERMA.

LEPRA VULGARIS.

SYNONYMS: *Common dry tetter.* — *Circular dry tetter.* — *European leprosy.* — *Dartre squammeuse.* — *Dartre furfuracée arrondie.* — *Herpes furfuraceus circinnatus.* — *Herpes squamosus.* — *Psoriasis scutulata.*

THE subject of the disease illustrated in the accompanying plate, is a young man, nineteen years of age, a clerk in a zinc mill. He is a person of delicate constitution, of sanguine lymphatic temperament, and predisposed to catarrhs and symptoms of relaxation of the mucous membranes.

The disease is of hereditary origin. His father and paternal grandfather were both afflicted with the same malady, and an elder brother has suffered from lepra for the last eight years. His mother is free from any affection of the kind, as also are six brothers and sisters; but as the disease is often developed at a late period of life, it would be incorrect to conclude that the latter have therefore escaped.

My patient observed the eruption for the first time when about fifteen years of age; it then showed itself on his breast, where there were a few scattered spots of small size, and it remained in this state for two years. Subsequently, the patches increased in size, and became more numerous, but underwent no other material change. In October, 1847, he first consulted me; the patches at that time were somewhat larger than a shilling, and were dispersed chiefly over the trunk of the body. There were only three patches on the legs, and a few on the arms, but none either on the elbows or knees.

His general health remained undisturbed, and all his functions were properly performed. The local disorder, however, was accompanied by itching, which was very much increased whenever he changed his dress, or as soon as he became warm in bed. Occasionally, the itching was so teasing, that he was unable to refrain from tearing the eruption with his nails, an operation which was always followed by bleeding.

Having assured myself of the independence of the eruption of any immediate derangement of the visceral organs, I prescribed for him five drops of Fowler's solution, to be taken three times in the day, and immediately after meals, giving him the usual caution with regard to diet. At the end of three weeks, the medicine caused him pain in the bowels and diarrhœa, and was therefore suspended for a week; it was then resumed, and continued regularly until the month of February. During February and March it was again found necessary to give up the use of the solution in consequence of the treatment required for a gonorrhœa. In the month of April, the drops were recommenced a second time, and continued without a check until the latter end of September, when every trace of the eruption had disappeared.

It was in the month of July, 1848, while the patient was under the arsenical treatment, when the patches had spread by the circumference, and the sound skin was appearing in the centre of their area, that the present drawing was taken. A glance at it will show that even at this period, when the disease is progressing towards recovery, the eruption may be traced through all its characteristic stages. Thus, on the pectoral region, just below the clavicle; and further back, above the clavicle, and again over the deltoid muscle, may be seen the small, hard, red elevations by which the disease begins. Near the sterno-clavicular articulation, and upon the lower border of the pectoralis major, are patches a stage farther advanced. On the abdomen, near the middle line, is a patch as large as a shilling. Just above this are three circular patches of larger size, in which the central area is cleared of disease, and the circumference is increasing by eccentric growth. Towards the axilla another distinct circle is seen, larger than the preceding; the central area is clear, but as yet the ring is unbroken. Above, below, and around it, are circles still larger, broken at one, two, or more points, and irregular in form, the more actively progressing portions of the ring

constituting so many arcs of smaller circles, which give to the entire patch its irregularity of outline. In several places, as on the shoulder, and near the lower part of the abdomen, there is seen a junction and blending of several of the leprous circles—an arrangement which contributes still more to increase the irregularity of form of the patches. Under the right breast, this blending of three patches, and subsequent breaking up of the upper and lower one, produces a figure that reminds us of the variety of squamous disease, termed *psoriasis gyrata*, and, indeed, is an instance of that modification of the typical disorder.

In the stage of disease illustrated by this drawing, the stage of dispersion or retreat—*dispersing* or *retreating lepra*—we are strongly reminded of the natural alliance which subsists between lepra and psoriasis; and the stage itself may be regarded as constituting a link between the two essential forms of leprous disease.

OBSERVATIONS.

The hereditary nature of lepra and psoriasis is one of the characters of these diseases, the best ascertained; but it by no means follows that the morbid phenomena should necessarily appear in early youth. A lady in Cumberland, with whom I am at present in correspondence, and who, many years ago, consulted Dr. Ashby Smith for this affection, informs me that the eruption of lepra from which she suffers first made its appearance between the ages of twenty and thirty. The disease was unknown to her parents until her brother was attacked in his boyhood; and her own child, between thirteen and fourteen, is now evincing signs of the malady. It must not be supposed that I give the above age as an instance of a late period for the hereditary appearance of lepra; it may be developed for the first time at any term of life between infancy and the grave. A gentleman, aged about twenty-five, tells me that he was born with this complaint; that it became worse at about the age of nineteen; and that, since the latter period, it has broken out with increased vehemence about every three years. His maternal grandfather suffered greatly from the disease; his mother was also subject to the eruption; and a sister and himself, the sole survivors of a family of nine, are both victims to the same morbid disposition. I could, were it necessary, multiply these instances, from my own experience, to a great extent.

I have not been able to determine positively any precise relation between this disease and sex; but it has seemed to me, that the preponderance of numbers is in favour of the female. This may arise from the greater susceptibility of the female to cutaneous disease; or the greater mental delicacy and sensitiveness to appearance of the female sex may prompt them to consult the physician; while the opposite sex, unless the disease give them much uneasiness, allow it to proceed unrestrained.

With respect to the treatment pursued in this case, I may observe, that it is the one which I have steadily followed since the observation and care of skin diseases first became the prominent object of my life; and I may add, that it is the one which I have found the most successful. It will be seen, that in the above case the patient took fifteen drops of Fowler's solution daily for about nine months, and only once was he obliged to desist from its use, and then only for a week, because it excited some pain in his bowels, and a slight diarrhoea, the symptoms not being sufficiently severe to require him to suspend his daily avocations. I have before me the records of cases in which the same dose has been continued for two years without a bad symptom—where, on the contrary, this valuable medicine has acted from the first dose as an admirable tonic. I have exhibited it to patients at all ages, even to infants in arms, and with the most satisfactory results. It is true that its administration calls for prudence and judgment, but scarcely more than is required for the use of any other of the more powerful adjuvants to health which our materia medica contains.

In the large experience which I have had of this medicine, I have necessarily had the opportunity of watching most of the morbid phenomena which it is capable of exciting; but only once have I seen a positive repugnance to the remedy. The instance in question occurred in a medical friend; and the remarkable effects which the arsenic occasioned, render it an example of idiosyncrasy rather than one of ordinary practice. The patient took only a single dose of five drops, by which he was rendered so ill as to be obliged to keep his bed for several days.



W. Baillie sculp. nat. del. et lith.

Printed by Hullmandel & Walton.

LEPRA VULGARIS.
T

London: Published by J. Churchill, Princes St. Leicester Sq. March 1st 1849.

SQUAMOUS INFLAMMATION OF THE DERMA.

PSORIASIS GUTTATA.

THE subject of the accompanying illustration was a well-made, healthy-looking young man, twenty-five years of age, assistant in a wholesale hosiery establishment in the City.

The eruption presented the ordinary characters of psoriasis guttata: small round patches, some no bigger than *drops* of water, and capable of giving the idea of drops of that fluid sprinkled on the skin; others somewhat larger, and irregular in shape; and all covered by thin, glistening, white scales, the characteristic sign of squamous disease. The thinness of the scales and their irregularity of form, corresponding with the irregularity of the patches, were especial characters of psoriasis as contra-distinguished from lepra.

The patient conceived the disease to have originated from bathing in the Thames, while his skin was heated by exercise. This happened five years back, and shortly afterwards he first perceived the eruption on his legs. Two years later, it showed itself on the trunk of his body; and during the spring of 1850, appeared more fully than at any previous period.

He informed me that his mother had suffered from a similar eruption, but that, although one of a family of thirteen children, he alone had been affected with cutaneous disease.

The eruption is now situated chiefly on the trunk of the body, on the arms, and on the legs. There is none either upon the head or neck. That on the legs presents the common characters of diffused psoriasis; on other parts of the body, it has the appearance, represented in the Plate, of small irregular spots, of a dull red colour, very little raised above the level of the surrounding skin, and surmounted with thin, white, silvery scales.

As is commonly the case, the patient complains of little inconvenience from the disease; he is occasionally troubled with itching when he gets warm from exercise, and experiences the same sensation in a less degree whenever he is subjected to alternation of temperature, as in undressing at night previously to going to bed, and afterwards in bed.

The eruption, in the present instance, obeyed a common exciting cause of the disease, namely, cold. In persons constitutionally affected with lepra and psoriasis, the more severe outbreaks of the disorder generally take place in the winter season; sometimes at the latter end of autumn; at other times in the beginning of spring; and the eruption is at its best during the summer season. I have met with numerous instances where, as in the present case, the first appearance of the eruption was evidently attributable to a chill of greater or less intensity communicated to the skin; the following is a striking example of the kind: A medical friend, making an excursion through England in the autumn season, stopped for the night at Malvern, and rising early in the morning, walked to the summit of the neighbouring hills, and completed his morning excursion by taking a cold bath. He found the water excessively cold, and although he left the bath immediately, he felt that he had received a shock, from which he did not recover the whole day. He ate his breakfast, on his return to the inn, without relish, and had scarcely better appetite for his dinner. He had, besides, a little headach, but not sufficient to prevent him from resuming his journey. Four days after this event, an eruption of psoriasis, a disease he had never before experienced, made its

appearance on his legs. The form of eruption in this case, as in the one illustrated by the Plate, was psoriasis guttata; and I may add to these a third, at present under treatment, in which the exciting cause and the form of disease were precisely the same.

With the exception of the eruption, the subject of the illustration was perfectly well, all his functions were properly performed, there was no weak point in the economy or personal habit which could be regarded as having any connexion with the origin of the complaint. He was a good subject for the well-known tonic-alterative properties of arsenic, and I prescribed for him five drops of Fowler's solution with fifteen of liquor potassæ, to be taken with meals, three times a day.

He experienced no bad symptom whatever from the remedy, and was enabled to continue it steadily for five months, by which time every trace of the disease had disappeared. Under the use of arsenic, judiciously administered and properly watched, the squamous affections, lepra and psoriasis, never fail to be removed; the period required for their cure is, however, very variable, and their nature is to return. The practitioner must prepare his patient's mind for a steady perseverance in the use of the arsenic for twelve or eighteen months, or even two years; and if the eruption get well in the meantime, it will be matter of satisfaction both to surgeon and patient. I have sometimes seen the disease disappear entirely in two months; six months is a more common period; but, occasionally, twice or thrice that space of time is requisite.

There are constitutions which cannot bear the arsenic, even in the smallest doses, but these are instances of idiosyncrasy. Generally it is well borne, and it is a safe and excellent medicine. Where arsenic is contra-indicated, alkalies with diaphoretics must be relied upon. Local remedies are very inconvenient, and, excepting under peculiar circumstances, such as an inflammatory condition of the eruption, are of little use.



W. Bagge sculp. del. et lith.

Printed by Hullmandel & Weller

London Published by J. Churchill Pri

SQUAMOUS INFLAMMATION OF THE DERMA.

PSORIASIS INVETERATA.

THE subject of the accompanying illustration was a strong, well-built man, a publican, forty-eight years of age, temperate, active in his habits, taking a good deal of exercise, and resident in the country.

He informed me that he had always enjoyed good health, both previously and subsequently to the attack of the present disease; and that he suffered no inconvenience from the eruption beyond that arising from the itching. The latter, he said, was excessively troublesome, and he was ready to submit to any treatment, however severe, if it offered a prospect of relief. The itching began as soon as he became warm by exercise or employment, and it was especially annoying soon after he had lain down in bed. Under the torture of this irritation he was unable to refrain from scratching, and he obtained no ease until he had torn off the scales, and made the blood flow. Frequently, he continued, in the morning, after rising, he collected a "shovelful" of scales from the bed.

The eruption commenced about eight years back, consequently when he was forty years of age, and he was not aware of any cause either in his habits or mode of living which could have given rise to it. It appeared first in the form of small circular patches, which were dispersed over his limbs. Year after year the patches became more numerous and larger, until they covered the greater part of the region of the body on which they were developed, and until, as is shown in the plate, a limb became almost enveloped in one large and continuous case of eruption. The augmentation of the disease occurred chiefly in the spring and autumn seasons; during the winter the patches diminished, and there was an evident improvement in their aspect, but they had never disappeared entirely during the whole period of his affliction. The principal seat of the eruption was the limbs and the back of the trunk.

The term "inveterata," applied to this state of the eruption, seems warranted by the large size and great thickness of the patches, the extraordinary accumulation of scales on their surface, and the deep and often bleeding fissures by which the patches are traversed. On the first appearance of the disease, the elevation of the patches was trifling, the scales thin and flexible, and the skin unaltered. Now all these conditions were reversed: the skin was thickened, altered in texture, hard, and almost brittle.

This patient also suffered from the development of the eruption in a situation where its occurrence is far from being uncommon when the disease is thoroughly rooted in the system, namely, in the matrix of the nails. On several of his fingers and toes the nails were elevated, thickened, and altered by the formation of a morbid epidermal growth beneath them. They were discoloured, rugged, and misshapen, and became gradually loosened and fell off, to be succeeded by others equally rough and unsightly.

In this man the disease was probably hereditary, and is an instance of the hereditary disposition to disease showing itself at an advanced period of life. He remembers that his mother had a scurfy eruption on her elbows, and he informs me that a child of his own is affected in a similar manner to himself. The eruption evinced itself in her at the age of twelve, and she is now fourteen.

The inveteracy of this disease is also shown in the obstinate continuance of the malady for a period

of eight years, although during the whole of that time he has been under treatment. For two years he was under the care of Dr. A. T. Thomson, who bled him once a month, in addition to giving him severe remedies. For another period of two years he was treated by another dermatist, chiefly by baths; and for two years he has been following my treatment, with, I am sorry to say, as little success as attended my predecessors. The greatest benefit he has ever received has been from the use of the liquor potassæ arsenitis, taken with meals; and liquor potassæ with decoction of dulcamara between meals. He has never felt any ill effects from the arsenic, although he has now taken it with greater or less assiduity since the commencement of the disease, eight years back.



PSORIASIS INVETERATA.
A.O.

London: Published by J. Churchill, Princes St. Leicester Sq. October 1st 1851

W. Paget del. et lith.

Printed by Bulmer & Walton.

TUBERCULOUS AFFECTIONS OF THE DERMA.

LUPUS NON EXEDENS.

THE subject of the accompanying illustration was a lady thirty-seven years of age. She informed me that the disease had been in existence since the age of four years, and that although occasionally more active than at other times, its progress had been very slow, and for the last several years it had been stationary.

The disease occupied both sides of the face, the nose, the upper lip, and a part of the lower lip. She recollects it when it was scarcely so large as a half-crown piece, and situated on one cheek; it then came on the other cheek, and during her childhood remained in that state. At puberty it received a sudden impulse in growth, and spread considerably. Subsequently to the latter period, it remained at rest, excepting when treated with violent caustics, under the influence of which it always increased its limits; and it was after an application of this kind that it first extended to the nose and lips.

As represented in the plate, it forms a good example of the nonulcerating kind of lupus. It consists of an irregular circle of broad pimples or tubercles, which enclose an area over which the disease has crept. Within the area there are also some tubercles which intersect the patch, and form a vertical line, dividing it into two parts. These two parts were originally two distinct patches, which have now become blended together, the anterior being the earlier, and the posterior the later patch. Above and below the line of junction of these two primary patches, in the angles left by their meeting, there are the rudiments of two other patches. Below, an area is beginning to be apparent; but above, the tubercles are more or less blended together, and form an irregular tubercular mass.

On the nose there are two groups of broad papules or tubercles; the upper group is part of a broken circle, creeping, by its upper margin, towards the angle of the eye. The lower group is part of a smaller circle, of which the lower margin of the circumference is lost by ulceration. The upper lip is nearly covered with tubercles, which give the skin a thickened and corrugated appearance, and there is a line of tubercles along the margin of the prolabium of the lower lip. On the opposite side of the face there were several circles of tubercles, more or less complete, but they were neither so numerous nor so extensive as those on the left side.

The tubercles in this case were soft to the touch, and presented their characteristic bright red colour, and transparent, jelly-like appearance. They were for the most part smooth, but some few were surmounted by yellowish and greyish scales, formed by the desiccation and partial separation of the epiderma. This was more particularly the case upon the nose. The central area was equally characteristic of this remarkable disease; it was somewhat depressed below the level of the surrounding skin, particularly in the centre, and totally disorganized, presenting the appearance of the cicatrix of a burn. It is, however, only at the first glance that the resemblance to a cicatrix left by a burn fixes the attention; on a closer examination, there will be observed a peculiar transparency about the cicatrix of lupus, a transparency that admits of the small vessels meandering in the substance of the skin being seen. It is also evident, that although no ulceration has existed, the superficial portion of the derma, namely, its papillary portion and the upper stratum of the corium, is gone, and that what remains is the deeper stratum of the corium, covered by a thin, smooth, and glistening epiderma. There is also seen in the cicatrix of lupus a network of white lines, which represent the bands of fibrous tissue of the deeper portion of the corium. The meshes

of this network are variable in point of size, and the included tissue is pinkish or bluish in colour, according to the state of circulation in the skin. Occasionally cases present themselves in which the areolar spaces of the deep stratum of the corium are as distinct as if displayed by a horizontal section of the skin; and the yellow tint of the fat which they enclose is equally apparent.

The loss of substance which occurs in this disease is due to interstitial absorption, and not to superficial ulceration. The effect of this kind of absorption on a surface like that of the cheek is simply to cause a depression of the general level from a positive thinning of the skin. On other parts, however, where there is little subcutaneous tissue, as upon the nose, the effect being the same, gives rise to a peculiar sharpness of that feature, and a prominence of its supporting cartilages. Along free edges, such as the margin of the aperture of the nostril, the effect, so far as loss of substance is concerned, is similar to real ulceration, and, indeed, in this situation, it is often conjoined with ulceration. In the plate, the deformity resulting from loss of substance along the free edge of the aperture of the nostril is seen. On the upper lip, the subsidence of some of the tubercles, and the growth of others, has produced a kind of corrugation of the skin.

This disease was unattended with any uneasy symptom beyond a little itching when the scales were in the act of separating, and an occasional sensation of heat after taking hot fluids or stimulating food. Sometimes the scales were either scratched or rubbed off, but the exposed surface speedily healed, and no further inconvenience resulted. The disease produced no impression upon the general health; all the functions were properly and healthily performed. Her appetite was good, her bowels regular, her capacity for exercise perfect, and her menstrual function exact and sufficient. The only state of her health which could be selected as evincing any morbid sign, was an excitable nervous temperament, which was in a great measure caused by the moral discomfort of her present affliction.

She had been under the care of a number of eminent medical men previously to her application to me, and had undergone a variety of treatment, both internal and local, but with no beneficial result. On several occasions, strong caustics had been used, but with no other effect than to increase the irritability of the skin, and produce the more active spread of the disease.

My experience with regard to the treatment of this disease is opposed to the use of caustics or stimulating applications. On the contrary, as a local remedy, I am in the habit of prescribing an emollient deoxydising ointment, such as that of the oxide of zinc, either alone, or combined with the liquor plumbi diacetatis. But on this head, the common difficulty arises of naming any one remedy that will be suitable to every individual; in the present case, I found advantage from a diluted citrine ointment, and, anon, was induced to have recourse to an ointment containing a small quantity of camphor. Lotions of all kinds are unsuitable, on account of the dryness of surface, resulting from evaporation, which subsequently takes place.

Lupus non exedens is a form of disease in which I have derived much advantage from the use of the liquor hydriodatis hydrargyri et arsenici as an internal remedy, and this solution was taken by my present patient with the most gratifying results; indeed, by a steady continuance of this remedy, with occasional intermissions, for two years, the progress of the disease was entirely checked, and all the tubercles were removed. The intermissions were regulated by the appearance of uneasy symptoms of the head or stomach, and once by soreness of the mouth and a slight degree of excitement of the salivary glands, they were prolonged until an abatement occurred, and this object was assisted by the use of nitro-muriatic acid in tincture of bark, cod-liver oil, aperients, &c. The dose of the solution was ten drops three times a day, the ordinary dose which I am in the habit of prescribing, and I much prefer it to a larger quantity. The solution is best taken immediately after, or during meals, and in a little of the fluid which is used at the meal as drink, namely, tea or coffee, wine, beer, &c. The diet of the patient should be generous and nutritious.

SQUAMOUS INFLAMMATION OF THE DERMA.

XERODERMA ICHTHYOIDES.

SYNONYMS: *Ichthyosis simplex; vulgaris; congenita; mollis; furfuracea; reticulata; nitida; serpentina.*—*Ichthyose nacrée.*—*Lepra ichthyosis.*—*Pellagra ichthyosis.*—*Fischschuppenaussatz*, German.

THE subject of the accompanying illustration is a little girl between five and six years of age, the child of healthy parents. The affection of the skin under which she suffers first made its appearance a year and a half from birth, and has continued to increase until the present time. During the spring and autumn it becomes worse than at other periods of the year.

The conspicuous character of the disease is a general dryness and roughness of the skin, modified in appearance in different regions of the body. Thus, on the cheeks and forehead the epiderma is smooth, but presents a number of ragged edges, the result of constant exfoliation. Around the mouth and eyelids, and on the neck, it is rough, and has a mealy appearance (*ichthyosis furfuracea*), and on the rest of the body the breaking up of the epiderma corresponds with the direction and form of the lines of motion of the derma.

On a close examination of the skin, the pores of the follicles, both sebiferous and capilliferous, will be found to be prominent, from the accumulation within them of a dry, hardened substance, of which a portion often projects beyond the level of the aperture. This desiccated substance is the epithelial lining of the follicle, altered in its character by the absence of its oleaginous element. The hair undergoes a similar alteration to the sebaceous product; it is either wanting altogether on the affected limbs, or is dry and brittle, and broken off on a level with the skin.

A mere glance at the skin affected with xeroderma, shows the dependence of the disease on a state of defective nutrition of the cutaneous tissues. This is always least conspicuous on the face, but is very apparent on the limbs, and particularly on the arms; and there is besides a marked deficiency of subcutaneous adipose tissue. The skin is sometimes thinner and sometimes thicker than natural, and either soft or hard. When soft, it may be pinched up from the parts beneath in a remarkable manner, and in the different movements of the limb is thrown into folds, which have more the character of a loose vest than a part of the body. When the skin is hard, it cannot be pinched up, but it may be moved backwards and forwards upon the subcutaneous fascia, as if there were no binding tissue between the under surface of the corium and the structures beneath; and instead of falling into folds during the movements of the body, it seems to depend entirely upon the lines of motion for its power of adaptation to the movements of the joints. The lines of motion are, therefore, very strongly marked, and form deep grooves, while the inflexible areas are large and smooth. The softer condition of the skin is most frequently met with on the neck, the limbs between the joints, the flexures of the joints, and the trunk of the body; the harder condition on the hands and feet, and the convexities of the joints.

The subject of the present illustration afforded a good example of the disease. The child was small in stature for her age; her face was polished and moderately full, of a dirty hue, and roughened by ragged edges of broken and exfoliating epiderma. The skin of the rest of the body was dry and wrinkled, and around the joints thrown into folds; looking indeed as if much too large for the body which it contained, or like the parched and shrivelled integument of a person of extreme age and decrepitude. The general tone of colour of the skin was a yellowish grey, but the hands were red; gentle pressure with the finger

dispersed the redness to a considerable distance around the compressed spot, rendering it perfectly white, and the colour was slow in its return. The skin of the backs of the hands and fingers was thicker than natural, and hard, like parchment, and was divided by deep grooves into large and irregular compartments; this was especially the case upon the knuckles, and every here and there the skin had broken in the lines of motion, and formed deep chaps. The skin of the palms of the hands exhibited the thickening of the derma, the parchment-like yielding of the unpliant tegument, the large compartments, and the deep grooves, more strongly than that of the back, and there were besides deeper fissures and cracks. At the metacarpophalangeal joints the fissures were so deep as to sever the integument completely. There was another singular peculiarity apparent in the hands—namely, a want of proportion in length between the skin and the bones, so that the knuckles of the metacarpophalangeal articulation made their projection very near the middle of the hand, as though the metacarpal bones had not grown in accord with the integument, or as though the fingers in their growth had carried with them the integument of the body of the hand. This appearance may be imitated by drawing a glove forward on the fingers and then closing the hand.

The lower limbs, which I have chosen for illustration in the accompanying plate, are highly characteristic of the disease. The skin of the knees is thrown into numerous prominent wrinkles, on which the epiderma is harsh, dry, thick, and discoloured, and in certain parts, where the wrinkles are crossed by transverse clefts, resembles ichthyosis cornea. On the sides of the knee, near the ham, a similar structure exists. From the knee to the ankle the skin is smooth, greyish, silvery, and glossy (*ichthyosis nitida*), and in an oblique light might, from its refractive qualities, bear comparison with mother-of-pearl, (*ichthyose nacrée*, Alibert.) It is marked by a reticulated tracery of white lines (*ichthyosis reticulata*), the lines being occasioned by the loosening and rupture of the epiderma at the abnormal grooves of motion of the condensed skin. The spaces between the reticulations, from their regularity of shape and smooth polish, resemble more or less closely the silvery scales of certain fish: hence the name of the disease; and occasionally when the reticulations are of small size and irregular, and the centre of each scale thicker and more deeply coloured than its border, the idea of the scales of serpents is suggested, (*ichthyosis serpentina*.)

Around the ankle the skin was thrown into prominent wrinkles, and across the instep were three greyish bands, where the epiderma was thicker than natural, and marked by a number of longitudinal clefts into broken ridges running parallel with the foot. On the rest of the back of the foot the skin formed numerous wrinkles corresponding with the movements of the joints, and along its borders were several deep chaps.

The soles of the feet exhibited the same peculiarity that I have before remarked in reference to the hands—namely, a disproportion in growth between the skin and the bones. This is apparent in the great length of the foot and the shortness of the toes. The epiderma of the under surface of the foot was very thick, yellowish in colour, very much broken, and presented a number of irregular edges. There were upon the borders of this surface several deep and long chaps.

My treatment of xeroderma consists in the exhibition of cod-liver oil, and the arseniate of soda internally, with the use locally of vapour baths and frictions with warm lard, or with an ointment containing from five to thirty drops of croton oil to an ounce of ceratum cetacei. By this plan, where there were no complications dependent on peculiarity of constitution, anæmia, or extreme debility, requiring specific remedies, I have succeeded in curing many cases of this troublesome disease.



W. Pagg. ad nat. del. et lit.

Printed by H. K. & Co. 1849.

XERODERMA ICHTHYOIDES.
S

London: Published by J. Churchill, Princes Street, near St. James's Square, March 1st 1849.

TUBERCULOUS AFFECTIONS OF THE DERMA.

KELIS.*

SYNONYMS: *Kelis*.—*Kelois*.—*Chelois*.—*Cancrois*.—*Keloides*.—*Kelis vera*; *Genuina*; *Ovalis*; *Radiciformis*; *Cylindracea*; *Clavata*.—*Dartre de la graisse*.—*Der Knollenkrebs*, German.

For the opportunity of observing and recording the very remarkable and rare affection of the skin illustrated in the accompanying plate, I am indebted to Mr. Major, of Canterbury. The subject was a robust, healthy-looking man, forty-eight years of age.

The disease first attracted the attention of the patient about seven years ago, when he perceived upon the middle of the breast four slightly raised tubercles, which gradually increased in size and coalesced, until they formed the broad-spreading irregularly shaped excrescence shown in the drawing. A good idea may be formed of the original tubercles, by observing the single isolated tubercular elevation, at present situated on the right pectoral region, at a short distance from the chief mass of the disease. This tubercle will be seen to have a horizontal direction, and an inclination towards the principal kelis; while examination by the finger, detects a hard subcutaneous cord of communication between them. In a few months this small tubercle will, no doubt, become united with the greater formation, in the same manner that the original tubercles were blended together.

The situation of the kelis corresponds very accurately with that of the majority of recorded examples of this disease, namely, the centre of the presternal region; while its singular shape and large size are characters peculiar to the present case. In figure, it bears some resemblance to a bird, the head of the bird pointing towards the single isolated tubercle on the right pectoral region, the wings spreading out above and below, and the body and broad tail crossing the sternum to the left pectoral region. The length of the kelis, from the head-like process to the opposite extremity, was three inches and three quarters, while across the wings, at its broadest part, it measured three inches. Its elevation from the surface of the skin varied between two and three lines, the most elevated part being at its border.

On a first inspection, the morbid excrescence had the appearance of the cicatrix of a burn, and upon closer examination, the only character at variance with this idea was its elevation from the surrounding skin, particularly at its borders. Its colour was pink, lighter in the centre than at the circumference; and it was marked on the surface by a coarse network of prominent white lines or ridges. The general direction of these white lines corresponds with that of the long diameter of the kelis, but upon the four processes of the excrescence they have a transverse or semi-circular direction. These ridges, in fact, serve to demonstrate the mode of growth of the disease. A blush of redness is first observed along the margin of the growing part; this congested portion gradually rises into a white ridge, corresponding in direction with the growing border, and, having attained a certain amount of elevation, the growth ceases, while the redness advances a stage further into the sound skin. This mode of increase of the excrescence may be traced upon the four processes of the kelis, and more particularly on the lower wing, the right border of the upper wing, and the head; upon the latter, indeed, there are four of these white ridges, showing successive stages

* The etymology of this word is uncertain. I prefer that which derives it from *κηλς*, macula vel probrum. Alibert seems to regard it as synonymous with *Cancroides*, and consequently as proceeding from the word *χηλη*, forceps cancerorum; while other writers, with less reason, derive it from *χελς*, testudo.

of growth. Along the upper margin of the superior wing, and along the margin of the extremity of the tail-like process, another manner of growth is seen. From the white peripheral ridge the redness proceeds in rays, and these rays subsequently become white ridges, and resemble so many roots (*kelis radiformis*) shooting into the substance of the unaffected skin.

It was also evident, from an examination of the *kelis*, that its growth proceeded by an extension, in the manner above described, of the margins of the four processes, while the intermediate portions of its border, namely, those forming the angles between the processes, were drawn onwards over the sound skin, without participating in the deeper growth. The borders in these situations were rounded and free, and about two lines in thickness; and a probe might be passed beneath them to a distance of half an inch, and in one or two places to a still greater depth. Indeed, these hollow ways were a source of some inconvenience to the patient, by serving to collect dirt and flue from his dress, and he was obliged, from time to time, to have recourse to means for clearing them out.

Besides the pink hue of the excrescence, its cicatrix-like lines and ridges, the depressions between the latter, and its elevated borders, the surface of the *kelis* presented a smooth polish, like that of the new skin of the cicatrix of a burn, and a sort of semi-transparency. There were also visible, here and there, particularly about its circumference, several small meandering bloodvessels, apparently veins, collecting the returning blood from minute tributaries.

To the touch, the *kelis* gave the idea of a hard, resisting structure, like fibro-cartilage, invested by a soft velvety-seeming skin. The central portion was harder and more dense than the circumference, and the white lines had all the rigidity of bands of fibrous tissue.

The patient's application to me had reference to the propriety of removal of the excrescence, in consequence of the pain and annoyance to which it had given rise during the last three years; and more particularly as the pain was evidently on the increase. At times he suffered much from excessive itching, at other times the pain was smarting, burning, and shooting, and occasionally he experienced a darting sensation, which he compared to an electric shock. The pain did not endure long, but it recurred frequently, and was excited by any movement which produced pressure on the growth, such as bringing his shoulders together or lying on his side in bed. He was not aware of any increase of pain depending on change of season or weather, and the excrescence underwent no alteration of colour from mental or bodily excitement, exercise, or elevation of temperature.

Besides the *kelis* on the breast, the patient has a second on the outer side of the left leg, over the head and upper part of the shaft of the fibula. This excrescence is of the cylindrical kind, (*kelis cylindracea*,) and, like the preceding, is accompanied by its satellite, a small round tubercle, (*kelis clavata*,) situated near its lower end on the calf of the leg. The cylindrical *kelis* measures three inches in length, and is broader at the extremities than in the middle—measuring at its narrowest point one quarter of an inch, at its upper end three-eighths of an inch, and at the lower end five-eighths of an inch. Its elevation is about two lines. He informs me that it has never given rise to any inconvenience beyond an occasional fit of itching.

On the left arm he has four tubercles of keloid formation, originating in the cicatrices left by boils, the consequence of a severe bruise caused by a fall from a chaise.

The patient is not aware of any cause for this disease, either local or general; no scratch, no abrasion, or undue friction of the skin, as a starting point. He was in good health at its first appearance and has remained so since. None of his family have suffered from anything similar. His mother, however, died of cancer of the womb at the age of seventy-one, having been first attacked by that disease within twelve months of her death.

The treatment heretofore pursued in this case has been, anodyne applications, mercurials, &c. About two years since it was seen by Mr. Key, who recommended pressure, which the patient was unable to bear. Recently, at my suggestion, a mercurial plaster was applied over the excrescence; with respect to this remedy Mr. Major writes—"The mercurial plaster was applied and allowed to remain as long as it could be borne; it was spread on a choice piece of soft leather, and I put it on myself; but, like all former applications, it appeared to irritate rather than soothe." He has also used collodion without advantage.

As an internal remedy, I prescribed Donovan's solution, which the patient is at present taking.



W. Bagge ad nat: del et lith.

Printed by Hullmandel & Walton

KELOIDES.
R

London: Published by J. Churchill Princes St. Leicester Sq. October 1st 1848.

DEPOSITIVE INFLAMMATION OF THE DERMA.

LICHEN ANNULATUS SOLITARIUS.

THE accompanying plate presents seven examples of the curious ring-like eruption, to which the name *lichen annulatus solitarius* seems appropriately applied. The ring, situated on the temple, occurred in a boy, thirteen years of age, from whom the figure was drawn. The smaller ring on the forehead, occupied a similar position in a boy of six years old. The oblong ring, on the upper part of the neck, occurred in a young married woman; and that near the root of the neck, on the thigh of a young gentleman of twelve years of age. The two rings on the shoulder were grouped in a similar manner, on the same region, in a child of five years. The ring on the arm is from the back of a female child of eight years; and that on the chest, from the breast of a little girl nine years of age. The rings are of the size of nature, and their position is as much as possible maintained.

The little boy, from whom the small ring on the forehead was drawn, was brother of the little girl who had the ring on her back, shown on the arm of the figure represented in the plate. In the boy, the ring was one week old; in the girl, three weeks. Neither child had any other spot or indication of cutaneous disease.

The young woman who was the subject of the oval ring, represented on the upper part of the neck of the figure, was weakly and delicate, and a great sufferer from neuralgic pains in the head. She had no other spot on her body; but, at the time the eruption was drawn, was under my treatment for general alopecia. The young gentleman, from whom the ring near the root of the neck was taken, was, otherwise, in excellent health.

The ring on the shoulder, with its smaller satellite, was taken from a child labouring under common ringworm, trichonosis furfuracea. These were the only indications of eruption existing on its body, and may be taken as an example of "ringworm of the body."

The little girl who was the subject of the large ring, with its serpiginous centre, situated on the breast, was sent to me by Mr. Toynbee. The ring had been in existence between five and six weeks. She had no other eruption, but a younger brother and sister were both suffering from alopecia areata.

The group of rings exhibited in this figure, afford a good illustration of the form of the rings, and of the manner of their development and growth. There is the simple ring, which, from being a mere pimple, has rapidly assumed the annular form. Next there is the double and triple concentric ring, resulting from a resumption of the original process of development and growth by the central area. Then there is the curiously figured ring, with its serpiginous area, occasioned partly by the process of excentric growth just referred to, and partly by the rapid development into rings of several independent centres within the space included by the primary ring. Their *solitary* nature is a peculiar character of the eruption. I have seen three or four rings on the same child, but very seldom; and in one remarkable instance, in a lady who had the charge of children, there were nearly twelve distributed upon various parts of the body.

The subject of the present plate was a delicate lad, thirteen years of age, one of a family of six boys, all of whom were successively and similarly affected. The particular eruption in his case was the large concentric ring seen on the temple; and the history of the case, as given me by his mother, was as follows:—

The two younger children, twins, five years of age, having paid a visit to their aunt, played with a child who had ringworm. In a few days after their return home, they evinced signs of eruption on the head, and a few weeks later were brought to me with "common ringworm," *trichonosis furfuracea*. Shortly after the outbreak of ringworm in the younger children, the next in age (eight years) had three rings of the present eruption, one being situated on the forehead, one on the temple, and one on the shoulder. The next to suffer was the subject of the present illustration, a boy of thirteen; he had been away for some time, and returned home while the younger children were under treatment. Soon after his return, he was observed to put on the hat of one of the twins, and the same evening he washed himself in water in which they had been bathed. On the following day a pimple was observed on his temple, and in three days the pimple had become a ring as large as a half-crown piece. He had not any other spot of any kind upon his skin.

The next of the family to become affected was the eldest son, aged fifteen; he was engaged in an office during the day, and returned home in the evening. The ring appeared on his shoulder, but was checked in its progress by early treatment. There was yet remaining one of the children, aged ten, who had escaped. This lad was more delicate than the rest, and subject to occasional attacks of chronic bronchitis. He had never any eruption on the skin when the other children had suffered in that way, had escaped the eruptive fevers, and was thought by his mother to be impregnable to the present disorder. Nevertheless, one night, when his brothers were getting well, he was observed to scratch a spot on the side of the trunk, which he complained of as itching. In the morning there was a distinct ring of an oval shape, and as large as a finger nail; the ring was slightly elevated and papular, a line in breadth, and enclosed an area of a yellowish hue upon which the cuticle was already beginning to exfoliate. The itching had ceased as soon as the ring was established.

The pathological seat of this curious eruption is the follicles of the skin, the pores of which are raised up into papules, which are identical with those of simple lichen. Sometimes the papules are quite distinct, or one or two are more prominent than the rest; at other times they are confluent and form an almost even ridge, upon which the cuticle rapidly exfoliates. The small rings developed within the area of the primary ring bear a close resemblance, on a miniature scale, to the eruption of *lichen annulatus serpiginosus*.

The treatment of the rings of *lichen annulatus solitarius* is simple enough; one application of acetum cantharidis, or tincture of iodine, usually checks the inflammation and removes the eruption. Occasionally, the citrine ointment, well rubbed into the patch, is sufficient, and in their chronic state is the better remedy. The constitutional treatment requires the use of medicines calculated to regulate the functions, followed by chalybeate tonics, and a varied and generous diet.



W. Bagg ad nat del et lith.

LICHEN ANNULATUS SOLITARIUS.
A.D.

London: Published by J. Churchill, Princes St. Leicester Square, January 1st 1851.

DISEASES OF THE HAIR-FOLLICLES.

FAVUS DISPERSUS ET CONFERTUS.

CRUSTED OR HONEYCOMB RINGWORM.

SYNONYMS: *Kerion*. — *Porrigo lupinosa*, Willan. — *Tinea lupinosa*. — *Tinea favosa*. — *Tinea maligna*. — *Favus urceolaris et squarrosus*, *Teigne faveuse*, Alibert. — *Porrigo-phyta*, Gruby.

JOHN THOMAS, a boy, ten years of age, has suffered from the disease of the scalp represented in the two accompanying plates, since the age of three, namely, for seven years. His parents have never been subject to any cutaneous eruption, neither have a brother and sister, with whom he has constantly associated.

In the beginning of June, 1846, he was brought to London, and admitted into the St. Pancras Workhouse; being free at that time from the disease, he was sent to the school, and was allowed free intercourse with the other boys—one hundred and fifty-eight in number. At the end of a fortnight, the disease appeared upon his head, and with such violence, that it was deemed necessary to apply a poultice, and send him into the Infirmary.

After remaining in the Infirmary for seven months, the head appeared well, and he returned to school, but in less than a week the disease broke out afresh, and it was necessary to send him back to the Infirmary. This occurred in the month of February, and on the occasion of this attack, the first of the two accompanying drawings was made; the second was taken in June, when the disease had, in a great measure, subsided, and when it was again supposed to be cured.

The cure, however, is far from being accomplished, many of the hairs left by previous invasions of the disease are now (July) surrounded at their bases by little yellow disks, threatening a renewed attack.

In outward appearance, this boy is in good health; he is plump and cheerful, and his functions are properly performed. But upon closer examination, it is evident that some source of weakness exists in his system. His mucous membranes are pallid, his conjunctiva is anæmic in a slight degree, and he has a short husky cough occasioned by mucus collected in the larynx. But there is no sign of scrofula, and no enlargement of lymphatic glands. The cutaneous disorder is confined to the head. There is no vestige of eruption of any kind on other parts of his body.

According to his own account, the disease has shown itself, from time to time, all his life, breaking out twice or three times a year. As soon as it appeared, he used to anoint it thoroughly with hog's lard, rubbing the lard well into the scalp, and in the morning to wash the head with soap and water. The crusts were, generally, all removed by this treatment, and at the end of a week, the attack seemed cured. If left to itself, it would, to use his own expression, "get all over like oyster-shells." This expression must be supposed to refer to his sensations, which would naturally magnify the size of the crusts.

It is worthy of attention, that the disease in this case never proceeded beyond the scalp: never invaded either the eyebrows or eyelids, nor made its appearance anywhere else on the body. Again, he was not aware of any instance in which the disease was transmitted by him to another person, and we have proof that he associated with a hundred and fifty-eight boys, using the same towel, washing in the same water with them, and without, in a single instance, propagating the disease. And during his residence in the Infirmary, he had several playmates among the invalid boys.

Hefe is evidence that Favus, though deemed highly contagious, is not absolutely so, otherwise it cannot be supposed that a hundred and fifty-eight boys, under the above favourable circumstances for transmission, would wholly escape the disease.

Favus, in this country, is a rare affection. My experience in public schools is not great, but I have only seen about six cases, and my late colleague, Mr. Cooper, in a connexion of six years with the St. Pancras Workhouse and Infirmary, an extensive field of practice, has seen but three.

The treatment adopted in this case under the direction of Mr. Cooper was chiefly the Unguentum hydrargyri nitratis dilutum, the stronger ointment with creosote, and the sulphate of copper lotion, containing two drachms of the salt to a pint of water. The latter remedy was preferred.

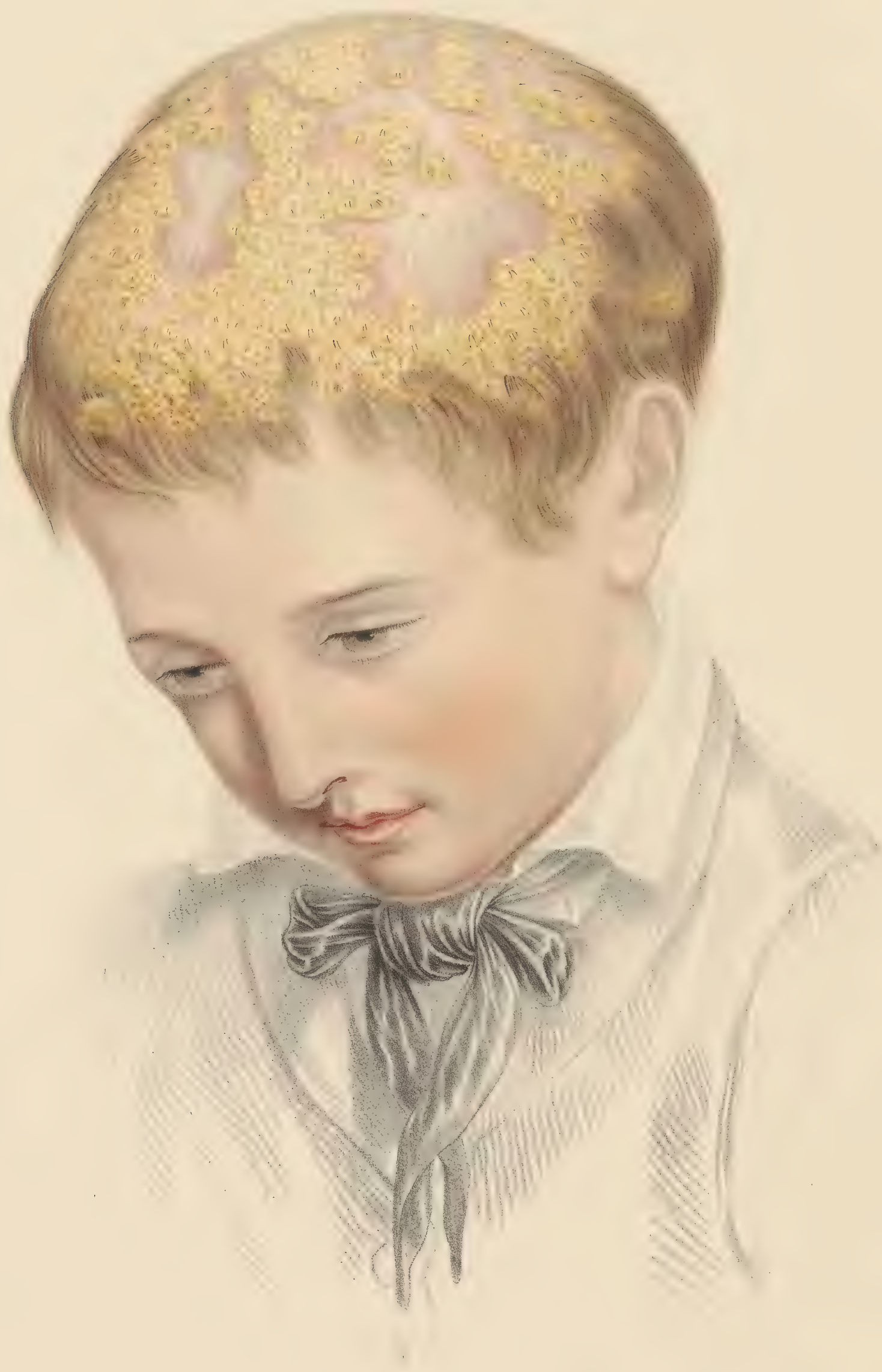
The present case illustrates perfectly the two forms under which Favus presents itself, namely, *favus dispersus* and *favus confertus*. The former is represented by the isolated and distinctly circular crusts distributed irregularly over the scalp; the latter, by the patches formed by the aggregation of numerous crusts. The separate crusts measured from two to three lines in breadth, and from half to three-quarters of a line in thickness. They were very little raised above the level of the surrounding surface, and had a prominent margin, and slightly depressed centre, each crust being pierced in its middle, by one, two, or three hairs. The colour of the crusts was bright yellow, a little obscured, in the hollow of the cup, by the greyish hue of the epiderma, and assuming a reddish-brown tint in the immediate proximity of the hair. Each crust and each cluster were surrounded by a blush of inflamed skin.

The term "Favus" (honeycomb) applied to this disease, might lead to the inference that the crusts were deeply hollowed. This is far from being the case; they are only slightly cupped, the depression being chiefly occasioned by the existence of a prominent border. The perforation corresponding with the hair or hairs is well marked, and this part of the crust is sometimes slightly raised. The outer edge of the crust subsides abruptly to the level of the surrounding skin, being retained in its position, and rendered smooth, by the epiderma which covers its upper surface. Moreover, the hollow surface of the cup is frequently broken, and exhibits a jagged fracture, in the interspace of which are several small irregular fragments. When the crusts are aggregated, as in *Favus confertus*, their form is more or less altered by compression, and the cupped surface is less distinct.

Pathologically, Favus is a morbid alteration of the epiderma, occurring at the aperture of the hair-follicle, and gradually spreading around it, to the distance of somewhat more than a line. The seat of the morbid product is the surface of the derma, and it is covered in by the previously formed epiderma, and the inflexion of this latter into the follicle. The morbid formation increases in quantity very rapidly, and, being prevented by the epiderma from rising above the level of the surface, it makes very considerable pressure upon the edge of the follicle and surrounding derma. When one of these crusts is raised, it is found to be hemispherical on its under surface, and perfectly smooth, and it generally presents at the centre of its convexity a slightly elevated papilla corresponding with the tube of the hair-follicle. The scalp is deeply hollowed by the pressure of the morbid substance, its papillary structure is destroyed, and the hair-follicle not unfrequently obliterated. It is covered by its basement membrane, which is red and shining, and after the crust is taken away, the integument rises by degrees to nearly its original level.

The effect of the pressure of the crust upon the skin is to obliterate the hair follicles, and destroy the papillary structure of the derma. Hence, after the disease has lasted for a considerable time, the parts of the scalp which it occupied are left permanently bald, unnaturally smooth, and, frequently, depressed below the level of the surrounding skin, (*see PLATES.*) As there is no ulceration, or solution of continuity in this disease, there is no cicatrix left behind. The thinned integument is generally whiter than the surrounding skin, but sometimes bluish from dilated capillaries, the result of languid circulation; and is subject to frequent exfoliation of the epiderma.

It is not to be expected that so serious a change in the condition of the epiderma should take place in the walls of the hair-follicle, extending even to its fundus, without affecting the hair; which is also an epidermal formation. Hence, the hair is more or less diminished in size, frequently crooked or twisted, often loose in its texture, and apt to break with trifling force. This alteration in the hair, as it is a secondary phenomenon, offers much variety in different cases.



W. Haggard del. G. S. etching.

Hollman & Walton Lithographers

FAVUS - HONEYCOMB RINGWORM.

B

London. Published by J. Chapple & Co. 15, Abchurch Lane, London E.C. 4. October 1st 1847.



W. Bagg ad. nar. del. et lith.

Hillman & Walton Lithographers.

FAVUS - HONEYCOMB RINGWORM.
C

London: Published by J. Churchill, Princes St. Leicester Square, October 1st 1847

DISORDERED CHROMATOGENOUS FUNCTION.

ALTERATION OF PIGMENT.

CHLOASMA.

SYNONYMS : *Liver spot*.—*Maculæ hepaticæ*.—*Ephelides hepaticues*, *Pannus hepaticus*, Alibert.—*Pityriasis versicolor*, Willan.—*Maculæ biliosæ*, Lorry.—*Maculæ gravidarum*.—*Maculæ amenorrhæicæ*.—*Leberflechte*, German.—*Chloasma*, Peter Frank.

THE subject of the accompanying Illustration is a Commercial Traveller, thirty-two years of age, of temperate habits, and enjoying excellent health. The present state of discoloration of his skin came on between five and six years back. It had advanced almost to the extent which it now occupies when it first attracted his attention, but has increased somewhat in depth of colour.

The discoloration surrounds the neck completely, becoming blended superiorly with the ordinary tint of his face. It occupies the greater part of the trunk of the body, especially the sides, and descends to the upper and inner parts of the thighs in front, and to the region of the sacrum behind. It is prolonged upon the shoulders as far as the middle of the deltoid muscle, and forms two irregular patches on the flexures of the arms. On the front of the chest there is an irregular space of natural skin, bounded laterally by the nipples; above, by the upper fourth of the sternum; and below, by the limit of the epigastric region. On the back there exists a similar but larger space, extending from the shoulders to the sacrum, and bounded by an irregular, map-like and strongly marked line nearly symmetrical on the two sides of the body. The right nipple is completely surrounded by a broad circle of discoloration, the left only partially.

On the sides of the trunk, and particularly on the right, the discoloration appears in the shape of small and very numerous irregular islets, a similar condition of the disorder exists on the arms, connecting, by means of a straggling and broken line, the uniform discoloration of the shoulder with that of the bend of the elbow. A similar straggling and broken line carries the disease downwards upon the forearm nearly to the wrist.

The present case illustrates the two forms which this curious discoloration of the skin assumes. Sometimes it exists in small islet-like patches only, as in two cases at present under my care. At other times, and more commonly, the small patches are subsidiary to an extensive discoloration, occupying, as in the figure, the greater part of the trunk of the body.

I have seen many cases of this disease; the chief seat of the discoloration has been the trunk, and the parts of the trunk ordinarily affected, the sides; beginning at the axilla, meeting in front so as to form a kind of apron, and thence extending downwards to the perineum and upper parts of the thighs. In women, the chest and neck are most frequently attacked, the abdomen and lower parts of the trunk usually being free.

On looking closely into the affected skin in this case, it was evident, that there was a slight, though very trifling elevation of the surface; the epiderma was perfectly smooth, but a little more strongly marked by the lines of motion than usual, and the colour was deepest at the map-like margin of the patches. There was no furfuraceous exfoliation; but when the surface was scratched or rudely rubbed, the epiderma was raised as by a graze, and then a furfuraceous desquamation followed. The disorder had appeared, and had been kept up, without any symptoms beyond a slight and very trifling itching; and the only

circumstance noted by the patient, in connexion with this condition of the skin, was a deficiency of perspiration on the discoloured parts.

This gentleman could assign no cause whatever for the state of his skin. His health had been delicate a few years previously to its appearance; but he had not suffered from any serious or painful disease, nor committed any irregularities. In other cases, I have been enabled to trace the disorder to some debilitating cause, such as fever, gonorrhœa, a severe chill while the body was in a heated state, or to prolonged exposure to the heat of the sun, as in bathing. And in women it is well known to be associated with uterine irritation, or with excited function of that organ, as in pregnancy. It can be hardly necessary to remark, that Chloasma has no connexion with hepatic disease. Rayser observes very truly with regard to this fact, that "in spite of the vulgar opinion which attributes these spots to disease of the liver, it is notorious that they rarely accompany affections of this organ."

The pathology of the disease I conceive to be—disordered formation of the epiderma, with excess of the natural colouring principle of the skin, and diminished perspiratory secretion.

The principle of Treatment should be, in the first place,—the regulation of the natural functions; in the second,—alteration of the morbid action taking place in the skin by general and by topical means. With this view, as the general and ordinary functions of the body were regularly and properly performed in this gentleman, I prescribed for him five drops of liquor Fowleri, three times a day, as an internal alterative remedy; and a lotion, composed of one drachm of potassæ sulphuretum to eight ounces of distilled water, as a local alterative. By a similar treatment, I have previously succeeded in curing several cases of this disease, and I expect to be equally successful in the present. In two cases which remained rebellious to the above treatment, I succeeded in effecting a cure by means of a sulphur vapour bath, taken twice a week for two months.

OBSERVATIONS.

In some of these cases, pruritus is a prominent and very vexatious symptom. I remember seeing a celebrated prizefighter who had suffered from this disorder for many years, and in whom the itching was most annoying. The Chloasma occupied his back and shoulders to about the level of the waist. It consisted of innumerable, small, irregular patches, congregated over the surface, like fleecy clouds. The irritation in this patient was very great. He attributed the origin of the disorder to being poisoned (hocussed) immediately before a fight. When pruritus prevails, it is generally increased by changing the clothes at night, and by the warmth of bed.

The disease with which Chloasma is likely to be confounded, is Pityriasis; and this error is, to a certain extent, consecrated, by the title given to the disorder by Willan. It should, however, be borne in mind, that the essential character of Chloasma is *altered colour*; while the colour of Pityriasis is simply an exaggeration of the natural redness of the skin. In Chloasma there is no primary desquamation of the epiderma; and when desquamation does occur, it is *mealy* or foliaceous. In Pityriasis, desquamation is a prominent character; and the separation of the epiderma occurs in furfuraceous scales. In Chloasma again, the elevation of the surface is very slight, and the lines of motion of the skin are but little deepened; while in Pityriasis they are strongly marked, and sometimes to the extent of producing chapping of the skin, and bleeding. So far as my experience is concerned, Chloasma is a much more common disease than Pityriasis.

Chloasma is of little importance beyond the feeling of annoyance which the consciousness of any peculiarity of the skin is calculated to awaken in the mind. In sensitive persons, however, and particularly in females, the feeling of discomfort may be carried to the extent of producing considerable mental distress.

We fortunately live in more enlightened times at present than those which elicited the remark by Bateman, that "its brown and almost coppery hue frequently suggests, even to medical practitioners, the idea of a syphilitic symptom." Nevertheless, there is still a tendency in the minds of some to regard every eruption on the skin through a syphilitic medium—a kind of syphilitic mist or fog.



W. Fagg del. nat. del. et lith.

Hallman & Walton Lithographers

CHLOASMA - LIVER SPOT.

A

London: Published by J. Churchill, Princes Street, Leicester Sq. 1st October 1st 1847

DISORDERED CHROMATOGENOUS FUNCTION.

ALTERATION OF PIGMENT.

MELANOPATHIA SYPHILITICA.

THE subject of this illustration is a slightly made, delicate young woman, twenty-three years of age, married, but without family. She is out of work at present; and her husband has had no occupation for nearly twelve months.

She suffers very much from cephalalgia and occasional attacks of gastrodynia. The pain in the head is sometimes so violent, that she feels "as if she were going out of her mind;" at other times, she likens the severity of the pain to "a thousand nails being hammered into her head;" and occasionally the sensation resembles "cold water streaming down the scalp."

Her bowels are habitually costive, often obtaining no relief for three days; and she suffers so much general debility, that the most trifling household occupation causes great fatigue.

Previously to her marriage, the catamenia were irregular, and for the twelve months preceding that event, the menstrual secretion was entirely suspended. Since her marriage, the menses have become regular, but are attended with great pain; the effusion is copious, of a black colour, and lasts for eight days. In the interval of menstruation, she is afflicted with an abundant leucorrhœa, the discharge being for the most part of a yellow colour; and she also suffers from great tenderness of the cervix uteri, which is elongated and conical, but presents no appearance of congestion or ulceration.

Four months after her marriage, she perceived two round and flattish condylomata on the perineum. They were very tender, gave rise to much pain, and passed into a state of ulceration, emitting a good deal of discharge. They continued to annoy her for eight months—that is, until the end of November (1847)—before they got well.

At about the end of October, an eruption of "red, flat spots" appeared upon her face, temples, and behind her ears, and also on the neck, the back, and on the arms. The eruption was scanty; and with the exception of three or four on the right leg, she had no spots upon the lower limbs.

About the end of December, the "red, flat spots" disappeared, and the peculiar mottling of the skin represented in the PLATE made its appearance on the inner sides of the legs and thighs. This mottling evidently depends on an alteration of pigment of the skin; it is of a deep brown colour, and is more strongly marked on the legs below the knees than on the thighs. Of the two legs, the tint of colour is darkest on the right; and in the latter situation seems to have originated in the remains of the two or three spots already mentioned as having been situated on this leg. There is no trace of alteration of pigment in any other part of the body. She remarks that sometimes the ground of the discoloration has a reddish, and sometimes a bluish tint.

She has had no other indication of "secondary symptoms," no soreness of throat, no pains in the limbs, and her skin is free from the muddy hue of syphilitic cachexia.

I prescribed for her a tonic plan of treatment, which she is now pursuing with obvious benefit.

OBSERVATIONS.

The primary syphilitic disease in this young woman was probably so trifling as to have escaped her attention, for I could obtain no information from her on the subject. She had had no enlargement of the inguinal glands. The first symptoms of disorder in the genital region with which she became acquainted were the occurrence of the condylomata, which appeared four months after marriage; then followed the "red, flat spots," which were probably the form of lichen to which I have given the name of "lichen syphiliticum tuberculatum." These broke out seven months after the condylomata; and two months later, the discoloration of the skin represented in the PLATE commenced.

At the first glance, the peculiar mottling of the legs recalled to my mind the discoloration so frequently seen among the lower class of women in Paris, and attributed to the constant use of the "chauffrette;" the "ephelis ignealis" of the French authors, and suggested the question, whether my patient had been exposed to the heat of the fire, or had been in the habit of using any form of warming apparatus for the feet. She informed me that this was not the case. On close examination, the pores of the skin were seen to be deeper in hue than the rest of the discoloration, and in those spots where the stain was the deepest, it seemed to have originated in a cluster of follicles. All the sebiferous and hair-tubes were filled with a dry epithelium, and the general character of the skin was dry and parched. This latter appearance was strikingly evident in the spots of greatest discoloration, and signs of shrivelling of the epiderma and exfoliation were beginning to be perceptible.



W. Bagg and mar. del. et lith.

Printed by Hullmandel & Walton.

MELANOPATHIA SYPHILITICA.
M.

London: Published by J. Churchill, Princes St. Leicester Squ^{re} June 1st 1848.

DISORDERED CHROMATOGENOUS FUNCTION.

AUGMENTATION AND DIMINUTION OF PIGMENT.

MELANOPATHIA ET LEUCOPATHIA.

BLACK AND WHITE DISCOLORATION OF THE SKIN.

SYNONYMS: OF MELANOPATHIA, *Nigrities*. OF LEUCOPATHIA, *Partial albinism*;
Ephelis alba. — *Achroma*, Alibert.

THE subject of the present illustration is a gentleman, twenty-four years of age, married, and a member of one of the learned professions. He is stoutly made, muscular, fond of athletic exercises, and has always enjoyed good health.

His father was a man of light complexion, his mother moderately dark, with dark hair and eyes. He himself is very dark, and his skin has been growing gradually deeper in hue for some years.

At about the age of seventeen, he first observed a bleaching of the skin of the tips of the fingers, which still remains. Its extent is marked by an abrupt line, which crosses the fingers just beyond the nails, and the margin of dark skin is more deeply tinted than the rest of the hand. Contemporaneously with this change on the fingers, two or three colourless spots appeared on his neck. These have regained the natural hue of the rest of the body. Other patches, also, which have from time to time shown themselves on his body and face, have resumed the darker tint, and cannot now be distinguished.

At the present time, he has, dispersed upon different parts of his body, numerous white or bleached patches. Two of them, of small size, occupy the forehead; one, the outer angle of the right eye; one, the right upper eyelid; two, of large size, each half of the upper lip, extending downwards to the sides of the chin; two, moderate sized patches, the sides of the lower jaw; and four, the neck. There is an irregular patch on each shoulder, and several more are visible on the hips, on the legs below the knees, and on the feet.

It is an interesting feature of this case, that while there appears to have been a general increase of activity of pigment-formation over the whole skin, as evinced by its becoming gradually and progressively darker, a total absence of pigment should be manifested locally in small patches; and, at the same time, as a further instance of chromatogenous aberration, a local excess of pigment on another part of the skin, namely, upon the side of the chest; the case being, in fact, one of GENERAL MELANOPATHIA, with PARTIAL LEUCOPATHIA, and PARTIAL MELANOPATHIA. The contrast between the partial Melanopathia and partial Leucopathia is curiously shown by the separate existence of these conditions upon the two nipples; the right being in a state of Melanopathia and deeply black; the left exhibiting Leucopathia and being perfectly devoid of pigment.

The white patches of Leucopathia are rendered the more strikingly evident by the edge of dark skin which bounds them being deeper in its hue than the general surface. The hairs growing from these patches, for example, the moustachios and beard, are wholly unaltered in colour, a circumstance which proves that the change is limited to the superficies of the skin, and does not involve the fundus of the hair follicles, as sometimes occurs.

The patch of partial Melanopathia is irregular in its shape, and composed of an assemblage of small blotches, which, at the centre of the patch, are more deeply tinted than towards its circumference.

The alterations of colour of the skin here described, have evinced no other symptoms than those which were apparent to the eye; there has been no itching or other indication of irritation of the skin, and no exfoliation of the epiderma. Indeed, the latter is perfectly smooth, and in nowise different from that of a healthy skin.

The exciting cause of dyschroma of the skin is undoubtedly some disarrangement of the nutritive functions of the entire system. Typhus fever, scarlatina, and disordered uterine function are among the predisposing causes which I have myself noted as agents in this remarkable change. In the present case, the predisposing cause appears to have been the sudden application of cold to the stomach and skin during a heated state of the body. As a schoolboy, this gentleman was in the habit of running matches with his fellow pupils. Among other feats of this kind, he mentions a race of fifteen miles; and another of a mile accomplished in five minutes and eight seconds. After such exploits, he was accustomed to drink inordinately of cold water; and on several occasions, he has leapt into a river which ran near the race-ground. He never suffered any attack of illness from these excesses, but had been guilty of several indiscretions of the kind a few months previous to remarking the altered state of colour of his fingers.

The presence of these patches, particularly on the face, cause him very considerable vexation, and he is in the habit of painting them with brandy in order to obviate their conspicuous appearance. He has made trial of many pigments for the purpose of effecting this object, but he finds brandy to serve his purpose best. Mr. Bagg, while sketching him, suggested the juice of the walnut, as producing a more enduring stain. This suggestion is worthy the attention of those who may be similarly circumstanced.

In deciding upon a plan of treatment for this gentleman, I felt that the indication to be fulfilled was to modify the nutrition of the skin both by internal and external means. For effecting the former object, I fixed upon the liquor Fowleri, which certainly possesses specific properties in relation to the skin; and as a local application calculated to excite the skin to a higher degree of action, I selected the acetum cantharidis, with which I pencilled the bleached patches at intervals of a few days. After several applications of this kind, the colour returned upon two of the patches, and I make no doubt, by a diligent use of the same means, will eventually be restored on all.

I have now to narrate a curious phenomenon in connexion with this case. By adopting and putting in practice a plan of treatment suggested by physiological principles, I had succeeded in persuading Nature to give a darker tint to a portion of skin unnaturally deficient in colour. I had succeeded in setting the machinery necessary for this purpose in action, but how was I to control its movements? I relied on the assistance and interference, at the proper moment, of a vital law which would arrest the pigment-forming action, at the point corresponding with the natural standard of the economy. But in the present case there would seem to have existed two standards of colour—the one being that of the general surface of the body; the other, that of the patch of Melanopathia on the side of the trunk; and which of these Nature would adopt, was the problem now to be resolved. She had evinced in parts of the skin an indisposition to the production of pigment; in other parts, she had produced it in excess; while the seeming standard of colour lay between the two. Would she, now that the pigment-forming power was in movement, stop at the weaker and more general of the tints; or would she go on to the more partial and the stronger? She did the latter. The colourless patches, pencilled with the stimulant application, became darker than the surrounding skin, and contrasted with the rest by their deeper tint—another proof of the tendency to a *disordered chromatogenous function* existing in the economy.

London: Published by J. Churchill Princes St. Leicester Sq. Feb 1st 1848

DISEASES OF THE SEBIPAROUS GLANDS.

ACNE VULGARIS.

SYNONYMS: *Acne simplex, punctata, et indurata*, Willan and Bateman.

THE subject of the accompanying illustration was a young married man, twenty-six years of age.

He reports that he was delicate in health as a child, and has always suffered from constitutional debility, without manifesting any particular or serious illness. At the age of thirteen, he went to sea, where he remained for several years without any improvement in health; on the contrary, he found the duties of a sailor too severe for him; he became nervous, and was ultimately obliged to give up his seafaring life.

Within the last few years, he has married; and he now exhibits, in the appearance of his skin, in his circulation, and in the state of his mucous membranes, a general want of tone, without being ill, or complaining of ill health. He is dyspeptic, still considers himself nervous, and occasionally suffers from severe headaches.

He has been the subject of acne during the last nine years. When he has felt a little stronger in health, the eruption has diminished; while, on the other hand, when debilitated from catarrh or dyspepsia, it has increased and become more troublesome.

The seat of eruption in this patient is that which is most common in acne, namely, the face and the back; the breast, another frequent situation of this disease, being free in him. On the face, the pimples are scattered over the forehead, on the sides of the nose, on the cheeks, and around the mouth, but they have produced no physiognomical change. His back presents the appearance represented in the drawing, where the disease may be seen in all its phases of development and growth. Firstly, there is the sordid, discoloured skin, which is rarely absent in acne, and which results partly from the stain occasioned by the morbid pigmentary matters contained in the blood, and partly from the excretion on the surface of a discoloured and altered sebaceous substance. Secondly, there are clusters of comedones, which, with their black heads, look like round black points on the skin. Thirdly, there are pimples of unchanged skin, surmounted by the round black point of a comedo—the *acne punctata*. Fourthly, there are the brightly red and inflamed pimples of *acne simplex*, varying in size, some smooth and glossy, others punctated, and others distended at their summits with a small collection of yellow pus. Fifthly, there are purplish pimples, of various degrees of elevation, the inflamed acne passing into a chronic stage; or, hard and deeply set in the skin, the *acne indurata*. And sixthly, there are the stains and scars which acne leaves behind it; the stains presenting various hues of dull red and brown, and the scars being more or less pitted and white.

The cause of the disease, in this patient, appears to have been a general want of tone of the tissues of the body, and more especially those of the surface—the mucous membrane and skin—together with imperfect hæmatosis and innervation. This I believe to be the common source of acne vulgaris, whether the cause be primary or congenital, and depend on the hereditary constitution of the sufferer; or whether it be secondary, and induced by debilitating and exhausting diseases. It is not uncommon to find in

association with acne other and numerous indications of a torpid state of the cutaneous tissues; for example—discoloration, which gives a muddy hue to the skin, accumulations of sebaceous substance, encysted tumours, warts, pigmentary blotches, deficient and abnormal secretion, &c. Dyspepsia is a common accompaniment of acne, particularly in women; and in the latter, I have had occasion to note the frequent combination of this disease with leucorrhœa, amenorrhœa, and menorrhagia. In some instances, the gastric or uterine disease may be looked upon as the cause of the eruption on the skin; but in the majority of cases, they are simply concomitant, and the cause is to be sought for in defective power of the nervous system. In my memoranda of acne, drawn from the observation of nearly five hundred cases, observed in private practice, I find constant reference to the association between nervous diseases and this eruption in adults; in some instances, the nervous affections were such as gave rise to derangement of sensation, in others, to abnormal motion. A very severe and obstinate acne at present under my care is co-existent with cerebral disease and epilepsy.

The indication for treatment to be fulfilled in the present case appeared to me to be, to correct the error in the digestive organs, and then put my patient under a course of mild tonics, using at the same time, as a local alterative, some stimulant application. With this view, I prescribed the compound colocynth pill at bedtime, with a draught, containing Epsom salts, carbonate of magnesia, and peppermint water, in the morning. After I had brought his mucous membrane into a better state, I gave him the nitro-muriatic acid in infusion of gentian; and when the tone of his stomach was sufficiently restored by these means, I prescribed a pill containing one twelfth of a grain of arseniate of soda,* twice a day, and a compound calomel pill at bedtime.

Locally, I used an ointment† which I have found of much service in the present form of acne; this I directed to be well rubbed into the whole surface of the disordered skin, and particularly into the pimples, at night and again in the morning.

By following steadily the above treatment for three months, the patient was quite cured of the local disease, and his general health was considerably improved.

* ℞ Sodæ arseniatis gr. j.
Solve in aquâ quant. suff.
Micæ panis q.s.
Misce bene, et divide in pilulas duodecim.

† ℞ Sulphuris hypochloridi 3j.
Potassæ subcarbonatis gr. x.
Cerati cetacei 3j.
Olei rorismarini ℥xx.
Misce bene, ut fiat unguentum.



W. Daggs ad. nat. del. et lith.

Printed by Hullmandel & Walton

ACNE VULGARIS.
1

London: Published by J. Thomas, Strand, opposite the Theatre Royal, 35 June 1849.

DISEASES OF THE SEBIPAROUS GLANDS.

ACNE ROSACEA.

THE subject of the accompanying illustration was a poor woman, forty years of age. She had been suffering from the present eruption for four years, during which time she had been under the treatment of several medical men. The disease would get better for a time, but soon broke out afresh, and with undiminished virulence. By two of her medical men she was pronounced cured, but after a few weeks, in one instance, and a few months, in another, the disease returned with greater severity than ever, and she then applied to me.

Her disease presents a well-marked example of acne rosacea; but, at the same time, one of greater extent and virulence than is usually met with. Sometimes acne rosacea is confined to the nose, more frequently it occupies the cheeks, its extent being limited by a circumscribed boundary, and stretches across the nose by a broad band; occasionally, besides the blotches on the cheeks and nose, there may be one between the eyebrows, on the forehead, but very rarely indeed is it so extensive as in the present illustration. Sometimes it is developed on the chin as a distinct eruption, but in this instance the eruption on the chin is a part of the general eruption.

The pathological characters of the disease are, a swollen, congested, and somewhat thickened state of the skin, on which, as upon a base, are developed the large conical pimples of acne, the summits of the latter passing quickly into a state of suppuration, and producing large hemispheroidal pustules. Then there is the stage of decline, the desiccation of the remains of the pustules after the discharge of the pus, the gradual but slow subsidence of the pimples, and, in some instances, as upon the left cheek of the present patient, the formation of a broad but thin crust, by the desiccation of secretions poured out by an abraded surface.

If we look closely at the diseased skin, the evidence of the origin of the eruption in an inflamed condition of the sebiparous follicles is clearly apparent. Dispersed over the congested surface are numerous black points, comedones, resulting from the accumulation of inspissated sebaceous substance in the efferent tubes of the sebiparous glands. In some instances, these black points are met with on the summit of pimples in progress of growth, as in acne punctata; in others, again, they may be seen in the centre of pustules. Wherever the pustules are developed in a discreet form, this mode of formation is quite evident; where the pustules are closely aggregated or coherent, then some modification necessarily results.

In the chronic congestion of the skin which is met with in acne, there is always, in consequence of the retarded circulation and resulting carbonization of the blood, a certain degree of purple colour mingled with the usual tint of inflammatory redness; and the degree of this admixture gives rise to the various tints of crimson or rose colour which we find in these cases. It is the presence of this hue in the eruption under consideration which has gained for it the appellation, "rosacea." In the patient before us, the eruption underwent considerable changes in tint, corresponding with her state of activity or repose. When she had been walking or was excited, the redness was vivid and fiery; by degrees it sobered down

to a dull crimson (rose colour); and when she was quite at rest, it became more or less livid. It gave her no pain, indeed there was obviously a defective state of sensibility of the morbid skin.

She attributed the disease to deprivation, followed by a sudden change in her habits of life and hard labour. Living with her husband, who was out of work, her resources were excessively narrowed, and she suffered much both from hunger and cold. This was the winter season. In the spring she obtained a place, where she was hard worked, but well fed, and with the summer the present eruption made its appearance; and without appreciable cause, was, as I have already observed, sometimes better and sometimes worse. Trusting to her feelings, she believed herself to be well in general health.

On the occasion of her application to me, she had a white, dry tongue, and muddy complexion; but in other respects I could discover no signs of illness. Menstruation was irregular, and she had a little leucorrhœa, from which she had suffered since childhood. She had no trace of syphilitic contamination of any kind; had never been subject to sore throat, and never had pains in her limbs. Her husband was a steady man.

Believing the disease to proceed from malassimilation, and from an unhealthy condition of the mucous membrane of the digestive canal, I gave her a mild purgative pill twice in the week, and nitromuriatic acid with gentian twice a day. The medicine agreed with her, and although she made little progress at first, I persisted in its use for several weeks, at the end of which time a great change for the better was perceptible. By the further use of the same remedy, without any alteration, she got perfectly well; and when I last saw her, nearly a year after the completion of her treatment, she still continued well.

As the disease had been of long duration, and the skin was consequently much altered from its natural state, having assumed and become habituated to morbid functions, I felt the necessity of causing some modification of its actions by a local remedy. I therefore prescribed for her the hypochloride of sulphur ointment with camphor, to be rubbed into the skin at bed-time each night. This remedy, doubtless, gave a direction to the restorative powers, and facilitated the return of the skin to its healthy condition.

The present form of eruption is never purely local; it always originates in and is kept up by constitutional causes, and those generally of a kind the most difficult to rectify, namely, malassimilation, from weakened or exhausted powers of the digestive organs.

DISEASES OF THE SEBIPAROUS GLANDS.

SYCOSIS VULGARIS.

SYNONYMS: *Mentagra*.—*Sycosis contagiosum*, Gruby.—*Dartre pustuleuse*.—*Die Bartflechte*, German.

THE subject of the accompanying well-marked illustration of sycosis was a healthy-looking young man, a tailor, twenty-three years of age.

He states that he passed his childhood in perfect health, and that the present eruption first made its appearance at the age of sixteen, and has continued until the present period, increasing in severity and extent every year. At the time of its first occurrence, he was moderately well, but much confined, having just commenced his duties as an apprentice. He had three brothers, who were perfectly free from any disease of the kind, and he never saw anything similar among his associates.

The disease commenced in the month of October, by two or three pimples, which broke out upon the prominent part of his cheek, on the right side. It next showed itself in the right eyebrow, and then in the course of the ramus of the lower jaw, and on the temple. Subsequently it came on the upper lip and chin, but always on the right side. It was not until the second or third year that it first showed itself on the left side. At present it is equally distributed over both.

He finds the disease at its worst in the months of February and March, and in the fall of the year. In the summer it is always better, and during the winter is sometimes scarcely perceptible. But it never goes away entirely. Beyond appearance, and interference with the operation of shaving, it gives him very little inconvenience; sometimes, when exposed to a cold wind, or on his return to a warm atmosphere after being in the air, the face smarts; but otherwise he has no cause of complaint against it.

The characters of the disease are well exhibited in the plate. There are hard conical pimples situated at the base of the hairs; larger pimples, surmounted by a pustule, of a whitish yellow hue; and others in which the matter has become dried, and forms a small hardened crust. Besides these appearances, the skin upon which the eruption is developed, is in a state of chronic inflammation; the cuticle desquamates frequently in scales of various size, and the texture of the skin is thickened and condensed; in some places, when the disease has been of long duration, rising up into nodulated elevations, or tubercles, of greater or less extent. The submaxillary region is a common seat of these nodulated masses, resulting from thickening of the skin. In the case before us, the eruption ran up for a short distance into the hair of the temples, and there were a few pimples along the margin of the scalp (*sycosis capillitii*), at the nape of the neck; but the extension of the disease to the scalp is by no means a common character.

In general, sycosis is more inconvenient and unsightly than painful. I have sometimes heard complaints of pricking, and a burning sensation; but more frequently the only symptom attending it has been more or less of itching, rarely amounting to a troublesome degree. In truth, the disease is essentially chronic and obstinate, and sometimes even inveterate. In the present instance, it had been in existence for seven years, and presented no signs of exhaustion; on the contrary, it was more severe than at any previous period; and the same remark applies to other examples of the disease. It has little or no tendency to wear itself out, and, without treatment, will continue for an indefinite period.

The period of life at which sycosis more commonly attacks the face, is puberty, as in the present case, or early manhood. The disease is not so frequent in men of middle age; but, nevertheless, is seen in them from time to time. A case of unusual obstinacy, at present under my treatment, has for its subject a gentleman nearly fifty years of age, a native of Scotland; and, according to my experience, the occurrence of sycosis in persons of middle age is more common in the northern and colder parts of our island than in the south.

The treatment pursued in this case with advantage, was the administration of four drops of Fowler's solution three times a day. Locally, the hairs around which the pustules had formed were removed with the forceps, and the strong citrine ointment was then rubbed thoroughly into the skin. At the end of three weeks the iodide of sulphur ointment was substituted for the citrine, commencing with twenty grains to the ounce, and increasing its strength to two scruples. It is difficult to lay down the indications, in words, for the preference of one remedy over another, but there are cases in which I prefer the use of the citrine ointment to that of the iodide of sulphur, and others in which the unguentum picis nigrae is more suitable than either. Cases exhibiting this diversity of results are now before me. A gentleman, lately under my care with an obstinate sycosis, got perfectly well under the use of the strong citrine ointment and Donovan's solution. Another gentleman, a medical man, was almost poisoned by two drops of the Fowler's solution, but was cured with the iodide of sulphur ointment; in a third case, both these remedies were ineffectual, but the patient got well under the treatment by avulsion and tar ointment; and in a fourth case, the tar ointment proved irritative and highly injurious.

The cause of disease in the case before us was undoubtedly disordered assimilation, resulting from loss of exercise and confinement in a close atmosphere; the immediately exciting cause being the cold winds of March. A fellow-sufferer, a letter-press printer, who became affected with sycosis at the age of twenty-three, and was still suffering from it at twenty-eight, ascribed the attack, very reasonably, to debility occasioned by working constantly in an impure and heated atmosphere, and the sudden transition from heat to cold. He first became the subject of the disease in the month of December; and it recurred regularly in April and November. Another of my patients was a pastrycook, who was necessarily surrounded by the conditions favourable for the development and maintenance of the disease. In one gentleman, a student at one of our universities, the disease broke out in the month of July, after close confinement in "working up" for examination. The eruption occupied only one side of his face, the side corresponding with an open window near which he was in the habit of sitting. As I before observed, I have seen many medical men suffering under this complaint. The cause in them is not difficult to comprehend, although they all agree in saying that they feel well, and that the ordinary functions of nature are properly performed. A medical gentleman from the country, who lately consulted me, told me that he was in his carriage the whole day long, that he had no leisure for recreation, that he was frequently exposed to the night air, and that he experienced every possible variation of temperature; and yet, he was surprised at the budding forth of boils from various parts of his skin, and the invasion of sycosis.

I have seen nothing in this disease to warrant the use of the term "contagiosum," applied to it by M. Gruby.



W. H. W. and nat del et lith.

Printed by Hullmandel & Walton.

SYCOsis.

AE

L.ndon:Published by J.Churchill,Princes St.Leicester Sq. Oct 1st 1850

DISEASES OF THE SEBIPAROUS GLANDS.

INFLAMMATIO FOLLICULORUM.

THE subject of the accompanying illustration was a person of lymphatic-sanguine temperament, the wife of a farmer in Norfolk. She was short, stout, had a clear skin and complexion, was abstemious in her habits, and had a general appearance of health.

During her youth she enjoyed an average state of health, without considering herself strong; she was stout at fourteen, and has remained so since; she married at thirty-five. Since her marriage her health has been excellent; she has had four confinements, which were easy, and from which she speedily recovered. Her menses have always been regular until within the last two years; at the commencement of this period they presented some degree of interruption, but for the past six months have resumed their accustomed regularity.

She is not aware of any family predisposition to cutaneous disease, and only once suffered from any disorder of this class, namely, a nettlerash, which made its appearance at the age of twenty-two, and lasted for a few days.

Her present deranged health dates back to the Autumn of 1843, when her children had the scarlet-fever, and when, in consequence, she suffered much anxiety, and underwent considerable exertion. She then became the subject of nervous disorder, had deafness, and pains in the head, and soreness at the tips of the thumbs, which caused the fall of the nails. These symptoms lasted for about six months, but the pains in the head continued to return occasionally until the occurrence of her present cutaneous disease, when they entirely ceased.

In the month of March, 1846, after over-exertion and excitement, having been for many hours on her legs in a warm room, with open doors, and felt a chill, from the many draughts of cold air circulating through the apartment, she experienced considerable itching in the legs, and a few days after they were nearly covered with dark-red irritable spots, as large as the finger-nail. She had for some time been the subject of varicose veins, and on the present occasion the veins were much swollen, and there was an œdematous state of the ankles. This attack appears to have been purely local, being unattended by febrile symptoms, and was probably a form of lichen, modified by the congested state of the veins of the limbs. She recovered in about a month, with the aid of alterative medicines and bandaging.

During the summer of the same year (1846) she suffered from an eruption, which came out successively on the head, the back, and, in the autumn, on the face, attacking first the right cheek, and some months after, the left. For this attack she consulted the late Dr. Lubbock, of Norwich, but without advantage.

At the end of the following year (1847) she placed herself under the care of Dr. James Johnson, and remained under his treatment until the succeeding autumn, by which time the face had become well; but there were still occasional breakings-out upon the back.

In the month of May, 1848, the disease returned with fresh vehemence on the face and back, and resisted all the treatment suggested for its relief. She took sarsaparilla in abundance, used the shower-bath constantly, and tried all the remedies prescribed for her, but in vain.

In the early part of the present year (1849) she first applied to me. The disease then occupied both cheeks, the entire head, and the ears, and appeared, in the shape of small patches, on the chest and back.

She improved considerably under my treatment, and in the course of two months became almost well. In May, however, the disease re-appeared with its old intensity, and in the month of June exhibited on the face the appearance represented in the drawing. Since its recurrence she had made no application to the disease, but simply sponged the face carefully, so as to avoid irritation to the skin; hence, the scales retained their normal character, and offered the curious aspect displayed in the plate.

The pathological characters of this disease, as observed on the face, are—an erythema of the skin, with a scarcely appreciable swelling, the formation of an altered sebaceous secretion, which concretes on the surface into a thin horny layer, and the subsequent breaking up of this layer into irregular scale-like fragments, which separate gradually from the inflamed skin, and, lastly, fall off, to give place to another formation of the same kind. The whole of these stages are present to the eye at once in different parts of the patch; for example, at the extreme edge there is the erythema, which may be seen to commence in the vertical capillary plexus of the follicles, and thence extend to the intervening skin; further inwards, the sebaceous film commences, and may be traced for a short distance as an unbroken plane, then the fragments of the broken layer, more or less separated, and consequently more or less projecting, appear, and, towards the centre, several scales have fallen off, while a newly-formed layer may be perceived on the exposed skin beneath. The scales, as shown in the drawing, are thin, horny, and of a whitish-yellow colour, entirely unencumbered with the light and friable deposits resulting from the effusion of sero-purulent or purulent secretions.

On the head and ears the sebaceous formation occurs, variously, in unbroken patches, and in fragments of small size, intermingled with scurf thrown up by the desquamating epiderma.

On the covered parts of the body the disease presents another modification. It here occurs in small patches, of the size of a sixpence or shilling, and evidently results from an inflammation of the follicles; a group of follicles appear to be inflamed simultaneously, an altered sebaceous substance is excreted, forming a thin horny layer; then the inflammation occupies the whole extent of the patch, and, very frequently, a watery fluid is poured out, which raises the horny layer from its bed; next, the watery effusion dries up, or escapes, the horny layer breaks into fragments, and is rubbed off, or exfoliates, and a new layer is formed in the same manner. The peculiarity of the eruption in this case results from the greater susceptibility of the skin, and its protected condition, which prevents the rapid evaporation occurring on the face.

The development of these patches on the body is preceded by an itching, burning, and smarting sensation; and when the patches are numerous, the body feels as if it had been "beaten with furze." There is associated with the above-described morbid state of skin in this patient a defective perspiration. When she becomes heated by exercise, her skin feels hot and dry; there is a sense of rushing heat in the head, and often faintness, but no relief to the skin by perspiration. Conjoined with these sensations is one of prickling over the whole body, and a feeling similar to that of the stinging of nettles. The watery fluid poured out beneath the horny plate, and raising it slightly above the surface, so as to give the idea of an undeveloped pemphigus, I believe to be the secretion of the perspiratory glands, which are excited into activity by the morbid state of the skin, and perform their office with the more energy in this situation from their defective function in other parts of the body.

The treatment which I have pursued in this case was, in the first instance, a saline diuretic aperient with the local application of the stronger citrine ointment. Finding, at the end of a fortnight, that the aperient distressed her, and gave rise to flatus, and that the ointment proved irritating, I gave her the nitro-muriatic acid with gentian, a compound rhubarb pill at dinner, and the oxide of zinc ointment, combined with the liquor plumbi; subsequently she took the compound jalap powder with supertartrate and nitrate of potash; and in February, the compound iron pill, with cantharides. Under this treatment she improved considerably, and during March and April was almost well. In May, however, the disease broke out afresh, and in June she was brought to me by Mr. Lawson, of Cleveland-street. We now agreed to put her on a course of the arseniate of soda pill, and to pencil the disease with a strong solution of nitrate of silver. This plan appears to agree with her perfectly, and to offer a better prospect than any treatment that has been heretofore pursued. In August, when she last appeared before me, she had greatly improved.



W. Bagg ad. nar. del. et lith.

Printed by Hullmandel & Walton.

INFLAMMATIO FOLLICULORUM.
Z.

London: Published by J. Churchill, Princes Street, Leicester Sq. Oct^r 1st 1849

DISEASES OF THE SEBIPAROUS GLANDS.

SMALL SEBIPAROUS TUMOURS.

MOLLUSCUM SIMPLEX.

SYNONYMS: *Molluscum contagiosum*, Bateman.—*Molluscum sessile*; *subglobulosum*; *parvum*; *pisiforme*.

THE subject of the accompanying illustration was a little boy, between three and four years of age, the child of scrofulous parents. The disease had been in existence several months, and came on gradually; at first, a little tubercle appeared on the edge of the eyelid; it was thought to be a common sty, until it was followed by others of a similar kind. Then the cluster seen upon the neck showed themselves, and progressed, until they formed the crop exhibited in the plate. The ordinary locality of the disease is well illustrated by this case; the neighbourhood of the eyelids is the common situation of its appearance, then the neck and shoulders. It is essentially a disease of children, but is also met with occasionally in young women. Two of the best marked cases of the kind that I have seen, occurred in young women, and in both instances the neck was the seat of the eruption.

My little patient, although full and chubby in the face, bore, in the general appearance of his skin, the unmistakable characters of scrofula. He had suffered from strumous ophthalmia, had had a scrofulous abscess behind one of his ears; had a tumid abdomen, enlarged lymphatic glands, and soft muscles. His father died of consumption.

The ordinary physical characters of molluscum are well exhibited in the plate. The little tubercles are various in their size, some being only just raised above the level of the skin, and others as large, or even larger than a good-sized currant. They are, for the most part, globular (*subglobulosum*), but here and there the shape is altered by the development of two or three in a congregated form; or by an inequality in their growth, which gives them a lobulated character. An example of this kind is seen in the largest of the little tumours on the neck. The tumours are lighter coloured than the adjacent skin; surrounded at their base by a slight halo of redness; gently indented at the summit, and sublobulated on the surface. Moreover, when fully developed, the base is smaller than the circumference of the tumour, which gives them a pedunculated character. The absence of this character in some of the little tumours constitutes the distinction to which the term “sessile” has been applied. Another and a distinguishing peculiarity of these tumours is a dark central point, which, upon close examination, is found to be the aperture of a distended pore closed by inspissated and discoloured sebaceous substance.

In reference to the pathology of this affection, I have, in my treatise on the diseases of the skin, classed molluscum amongst those morbid conditions of the sebiparous system which are occasioned by retention and inspissation of the sebaceous secretion, and have termed the little prominences which result, small sebiparous tumours. In this disease, there exists a state of hypertrophy of the entire sebiparous gland, and of distention of the excretory duct and all its ramifications; hence the gland is rendered prominent, and the little tumour is, in fact, the hypertrophied sebiparous gland merely covered by the thin and distended skin. The white colour of the gland, and of the secretion within it, is the cause of the whiteness of the little tumours; and the size of the dark centre, and of the column of sebaceous substance which fills it, is evidence of the distention of the tubuli of the gland, by the accumulated secretion. The sublobular

character of the periphery of the tumour indicates the lobulated structure of the gland, and the more or less constricted form of its base, the amount of its elevation above the surface of the skin. This view of the pathology of molluscum shows why it should be found upon the eyelids and on the neck, because in these situations the skin is rich in sebiparous glands, and upon the eyelids is remarkable for its thinness and distensibility.

When the sebaceous secretion contained within the excretory duct and tubuli of the gland, is in a dry state, pressure upon the little tumour produces no effect; but the sebaceous substance may be picked out with any pointed instrument; when, however, the secretion is moist, it may be squeezed through the aperture, and its escape is generally accompanied with a drop of milky fluid. This milky secretion has been regarded as a special product of the molluscous tumour and pathognomonic of the disease. I do not, however, agree in this opinion; but consider the fluid to be simply a perspiratory secretion, rendered milky by admixture with the usual oleaginous product of the gland.

Molluscum has been considered, by Bateman and other writers, to be contagious, and, in compliance with this belief, it has been termed molluscum contagiosum. I have, elsewhere, given reasons for my belief that the disease is not contagious, and have preferred the use of a name which involves no expression of opinion on the subject. The settlement of the dispute may very properly be left for decision to future inquirers.

Molluscum is a comparatively rare disease; but, nevertheless, there is scarcely a workhouse in the kingdom, in which children are numerously congregated, where occasional instances may not be found. In an inspection, which I was lately called upon to make, of the children affected with cutaneous diseases in the workhouse of a large manufacturing town, the number of cases of molluscum was two in a total of 101; the proportion of those affected with eruptions of other kinds, in the same number, being 38. In a similar inspection of the children of a metropolitan workhouse, the number examined was 66, all being the subject of cutaneous affections, and of that number there were five cases of molluscum. These observations also go to corroborate my opinion of the non-contagiousness of the disease; for, were it contagious, a larger number of children ought to have been affected.

As molluscum in children is generally of strumous origin, occurring in those who have a fair complexion, blue eyes, and a tendency to glandular enlargements, the constitutional treatment should be such as to improve the nutritive functions of the economy. For this purpose, an animal diet and pure air are of the first importance. As a medicinal remedy, I have sometimes given iron, sometimes iodine, and sometimes quinine. In the present case, I administered cod-liver oil, with the best effect. The local treatment consisted in touching the little tumours with the nitrate of silver. After a few applications of the caustic, they became dry and shrivelled, and soon fell off, leaving behind them no trace of their existence. In *adults* I am accustomed to use the potassa fusa, or nitric acid.



From a natural sketch

Painted by H. Mandel & Walton.

SCARLATINA SIMPLEX.

London Published by J Churchill Princes Street

CONGESTIVE INFLAMMATION OF THE DERMA.

ERYTHEMA SYPHILITICUM INFANTILE.

SYNONYMS: *Syphiloderma erythematosum marginatum*; Wilson.—*Lepra syphilitica infantilis*;—*Psoriasis syphilitica infantilis*.

THE subject of the accompanying illustration was a female infant, eleven months old. The disease had first shown itself six weeks after birth, in the form of excoriation of the mucous membrane of the mouth, accompanied with apthæ, hoarseness, mucous accumulations in the bronchial and tracheal passages, and a cracked and inflamed state of the angles of the eyes, nose, and mouth. The child's health was not much affected by this state of disease, and little attention was paid to it. Instead of exhibiting symptoms of defective nutrition and sanguification, becoming thin and shrivelled, feverish and pallid, as is commonly the case, it retained its roundness of figure, and thrived moderately well. Three months after this, some small spots, supposed by the mother to be fleabites, appeared on the abdomen and thighs; and these spots gradually increased in size to circular disks, varying in diameter from one quarter to three quarters of an inch. Later still, other patches appeared, of greater magnitude, occupying chiefly the outer aspect of the arms and thighs; and at the period mentioned above, namely, nine months after the first signs of the affection, the eruption on the skin presented the appearance exhibited in the Plate.

On the outer sides of the hips, thighs, and legs, there are broad and irregular patches of Erythema, of a dusky red colour; smooth and polished, from slight tumefaction of the derma, and consequent obliteration of the cuticular markings of the skin; having a peculiar metallic lustre, and gently raised along the border. I have endeavoured to compress these, which are the pathognomonic characters of this form of infantile syphilis as manifested by the signs on the skin, into a nosological term, as expressed by the words *SYPHILODERMA ERYTHEMATOSUM MARGINATUM*. The patches will retain their smoothness and metallic brilliancy often throughout their entire duration; and when they disappear, simply subside, without any alteration in their appearance. At other times, when the erythematous congestion has been more active, the cuticle will become altered in texture, lose its adhesion to the skin, become parched and dry, and be thrown off in thin flakes and scales. If seen for the first time when in the latter state, an error of diagnosis might be made by a medical man not familiar with skin affections, and whose ideas of cutaneous pathology are founded on the artificial system of Willan and Bateman. Such an observer would see, in the state I have just described, a patch of skin reddened by inflammation, and covered with scales of cuticle—in a word, a squamous eruption; and as the only squamous eruption characterized by irregular red patches, slightly raised above the surface, is *psoriasis*, the affection before us would immediately receive the name, and be considered as *psoriasis syphilitica infantilis*. So that a pathological condition, which is in fact nothing more than an erythema of the skin, comes to be considered as a leprous affection for no better reason than that it bears some resemblance to the latter disease.

On other portions of the body—as upon the breast and abdomen, and on various parts of the arms and legs—the eruption appears in the shape of circular patches, having a diameter of a quarter to three-quarters of an inch; and patches of this sort are commonly present with the large irregular patches above described; but on the other hand, these latter smaller and circular patches may exist independently of the larger kind. The circular patches have the dull red hue, and smooth and polished appearance already mentioned; they are slightly raised above the level of the surrounding skin, and are gently cupped,—that is, are depressed in the centre, and raised at the border. These patches are often so exact in their form, and so distinctly elevated, that they look as if they were artificially attached to the skin, and not a part of the skin itself. They are apt to undergo the same changes as the large and irregular

patches; sometimes they subside completely, without undergoing exfoliation, at other times they become roughened by a scaly exfoliation; and in either state, from their roundness of form and imagined resemblance to lepra, they have been denominated *lepra syphilitica infantilis*. Willan and Bateman have, unfortunately, given their sanction to this error, and under the influence of so high authority the faulty nomenclature has been perpetuated. "The syphilitic forms of Lepra and Psoriasis," write these authors, "do not very accurately resemble those formerly described; the patches are seldom so large as those of lepra vulgaris, commonly not exceeding the size of a silver penny or of a sixpence; their base is of a darker red, or coppery hue, which, however, differs considerably in different instances; they have not the harsh and rigid surface, nor the hard scaly margin of the ordinary lepra, and are seldom covered with crusts; as they enlarge, the centre, upon which alone a slight scaliness occurs, becomes somewhat depressed." Following up the erroneous nomenclature of Willan and Bateman, it would be necessary to consider this case not as one of simple syphilitic erythema, exhibiting a common and natural diversity of form, but as one of Lepra and Psoriasis united in the same subject.

The present case may be regarded as one of a mild form of syphilis affecting an infant; and, as a consequence, there was an absence of the wasting and emaciation which commonly accompany this disease, and supplant the roundness and plumpness of infancy by the withered atrophy of decrepit old age. The mucous membranes were not seriously disordered; the mucous secretion from the nose and air-passages was not excessive; the excoriations in the folds of the apertures of the body were not severe; and the fingers and hands, often wounded by deep fissures and ichorous cracks, were free from any indication of disease.

The mother, a young woman of six-and-twenty, had no symptom of syphilitic disease; but had had two miscarriages previously to the birth of the present child. She had occasionally suffered from vaginal discharges, which were believed to be leucorrhœa; and had several times since her marriage been troubled with sore throat, and symptoms which had been set down to influenza by her medical attendant. She had never had any eruption on the skin; any excoriation of the vulva, or enlargement of inguinal glands; and at the present time, and since the birth of her child, had had no tenderness of the nipples. Indeed, with the exceptions above-mentioned, her health had been excellent. Her husband was a vigorous man, and also enjoyed good health; there was no opportunity, as there was no necessity, for going into his previous medical history.

It is remarkable how rapidly and completely these cases of infantile syphilis yield to the action of mercury, whether exhibited through the mother—as is most desirable in young and weakly infants,—or directly to the child itself, if moderately strong or above the age of six months. If an argument were wanted for condemning the application of the terms Lepra and Psoriasis to this affection, it might be found in the readiness with which the syphilitic eruption yields, and the obstinacy with which the leprous affections resist treatment. It is quite true that I myself have endeavoured to show the remote origin of Lepra in Syphilis; but I cannot avail myself of the apparent resemblance between this Syphiloderma and Lepra, to confirm my opinion; the syphilitic poison requires to undergo much modification and a considerable lapse of time before it is capable of assuming the indurated and chronic character of Lepra and Psoriasis; and true Lepra and Psoriasis are never met with in infants and young children.

The form of mercury selected for the treatment of infants suffering under syphilitic disease, may be—hydrargyrum cum cretâ, calomel, or the bichloride of mercury, administered in small doses, and at frequent intervals. The liquor hydrargyri bichloridi may be given to the youngest infant in doses of twenty to thirty minims, combined with simple syrup, syrup of tolu, or syrup of sarsaparilla, and dill water, three times a day; and I have found it to answer best when administered with meals. It is universally known how well infants support mercury, and frequently they fatten rapidly under its use. It is necessary, of course, while giving mercury to infants, to attend to general indications, and occasionally to clear the primæ viæ with a full dose of grey powder or calomel. The best local application, where there are cracks or fissures or excoriations of the skin, is the benzoated oxide of zinc ointment, prepared according to Bell's formula, combined with spirit of camphor in the proportion of one drachm to the ounce.



W. Bagg, adnat. del. et lith.

Printed by Hillman & Walton.

ERYTHEMA SYPHILITICUM INFANTILE.
A.W.

London: Published by J. Churchill, New Burlington St. 1855.

SQUAMOUS INFLAMMATION OF THE DERMA.

PSORIASIS PALMARIS SYPHILITICA. PSORIASIS PLANTARIS SYPHILITICA.

SYNONYMS: *Erythema palmare syphiliticum*.—*Erythema plantare syphiliticum*, Wilson.

THE two accompanying portraits present admirable examples of the disease commonly called “psoriasis,” but which is essentially an erythema attended with exfoliation of the cuticle; the erythema, in this particular instance, depending on a specific cause—namely, the syphilitic poison. The cases are those of different individuals, but the general features of the disease are the same in both. The surface of the inflamed skin is of a vivid red colour, the margins being abrupt and more deeply red than the rest; the skin is somewhat tumid, and more or less coated by a ragged and exfoliating cuticle. In certain parts the cuticle has peeled away, leaving the skin beneath red and tender; and in parts subjected to pressure or flexion there are deep cracks, from which an oozing of blood has taken place.

These characters are differently marked in the two figures. In the hand, the wave-like appearance of the surface caused by the exfoliation of the cuticle in flakes, the complete separation of the cuticle in the centre of the palm, the vivid redness of the margins, and the cracks in the flexures of the skin, are most conspicuous. While on the sole of the foot the most striking peculiarity is the thickness and yellow colour of the cuticle, together with its cracked and partly separated state. This character is most perceptible on the heel, to which region the disease is often especially limited.

The hand is that of a gentleman, forty-nine years of age, in whom the disease had been in existence for twelve years. He had been subjected to the contagion of syphilis in early life, but had never to his knowledge had any symptom of primary syphilitic disease. Fourteen years back, he was out of health, suffering under pleurisy, and other symptoms of severe illness, which was immediately followed by what was considered to be rheumatic fever; but which, being accompanied by sore-throat and an eruption of the skin, and immediately followed by the present disease, I am inclined to think must have been syphilitic neuralgia.

This attack lasted for six weeks, and the eruption on the skin, which he described as resembling petechiæ, was probably an example of roseola syphilitica punctata. It terminated by a general exfoliation of the cuticle. The sore-throat was accompanied with ulceration, and a soreness of the fauces continued for twelve months after the fever got well. He has not since been troubled with any affection of the throat, or any tendency to congestion of the mucous membrane of the fauces. The neuralgic feelings have not, however, so completely subsided; he is still a sufferer from time to time from pains in his body and limbs, which he attributes to rheumatism.

When the eruption on his body cleared away, the present disease made its appearance in the palms of the hands, and remained fixed in that situation for six years, unyielding alike to constitutional or local remedies. At the end of this time, the disease suddenly disappeared, and remained absent for some months; when, equally unexpectedly, and without premonition, it returned and took possession of the centre of the palm of the right hand, which it has now occupied for another period of six years.

At its first outbreak, and for some time, the disease remained centered in the middle of the palm; but when on the increase it spread by the circumference, and as its progression was nearly uniform along the whole line, it assumed a circular figure, illustrating the idea which has gained for it the designation

centrifugal. As it approached the borders of the hands, and extended upon the fingers, the circular figure was destroyed; but the tendency to this mode of growth is still seen in the Plate, on that part of the margin which is creeping upwards upon the wrist. Another result of this manner of growth is the decline of the disease in the centre, where the cuticle, though thin and transparent, is unbroken, and may possibly remain; and its more active character, as indicated by vivid redness, near the margin.

This gentleman was also the subject of a similar affection of the skin of the penis, where it commenced by two small tubercles. These tubercles, spreading by the circumference, had assumed an annulate form; the raised border was several lines in breadth, and covered by a broken layer of desquamating cuticle, and the area included by the rings was red and furfuraceous, and exhibited a tendency to crack in the direction of the lines of motion of the skin. The differences between the eruption on the hand and that on the penis were mere modifications resulting from difference of texture of the skin.

The foot was that of a porter at a public institution, and the disease had been in existence for ten or twelve years. He had suffered from primary syphilis, but does not remember to have had symptoms of secondary disease.

The treatment in both of these cases was the same—the bichloride of mercury in doses of one-twelfth of a grain three times a day. The formula which I prescribed was that containing syrup of poppies and tincture of bark. I am not enabled to say to what extent these patients prospered under the treatment, but, as a general rule, it is one that I have seldom known to fail.

The local treatment consisted in the application of the oxide-of-zinc ointment, with the view of simply protecting the inflamed skin from the contact of irritating agents, and, at the same time, of preventing desiccation of the cuticle.

Where the bichloride of mercury is found to be unsuitable, I employ the biniodide, and in very obstinate cases, the liquor hydriodatis hydrargyri et arsenici of Donovan.



W. Bagg, ad nat. del. et lith.

Printed by Hullmandel & Walton.

ERYTHEMA PALMARE SYPHILITICUM.
A. T.

London: Published by J Churchill, Princes Street, Leicester Square.



W. Ba&g, a&d nat del et lith

Printed by Hullmandel & Walton

ERYTHEMA PLANTARE SYPHILITICUM.
A. V.

London: Published by J. Churchill, Princes Street, Leicester Square,

CONGESTIVE INFLAMMATION OF THE DERMA.

ROSEOLA SYPHILITICA.*

SYPHILITIC ROSE RASH.

THE subject of the accompanying illustration was a literary gentleman, forty years of age, and unmarried. He was a man of nervous temperament, much emaciated, and bore the appearance of great irritability of constitution and weakly health. He informed me that he was habitually dyspeptic, suffered much from acidity and flatulence, and had lately experienced symptoms of gout.

In the month of September, 1847, he contracted gonorrhœa, and two months later, while yet labouring under the urethral discharge, he again placed himself in a position of danger. The result of this second exposure to contagion was a sore upon the frænum præputii. The sore was superficial, unattended with induration, and first made its appearance a week after contagion.

In the latter end of January, 1848, this gentleman first applied to me; the object of his application being a roseolous rash which had shown itself upon different parts of his skin, more especially on the front of the trunk, the shoulders, and the thighs. The roseola was well marked, and the entire skin exhibited the sallow and muddy hue of syphilitic cachexia. On his face there were scattered several dull red spots and pimples, evidently of a syphilitic character.

His tongue was yellowish-white, coated, and the papillæ long. The fauces were slightly congested; but he informed me that he had had no sore throat. His bowels were habitually relaxed and irritable.

The sore had healed in the situation of its first attack, after destroying the frænum, and had run along the attachment of the latter to the glans, where its remains still existed. He had had no enlargement of the inguinal glands.

His treatment previously to my seeing him had been the iodide of potassium internally, with a solution of nitrate of silver to the sore, and latterly, the black wash.

Finding much irritability of system, I prescribed for him the nitro-muriatic acid with tincture of gentian and tincture of hyoscyamus, under which he made so little progress constitutionally, that I gave him the *mistura ferri composita*, with decoctum aloes compositum and subcarbonate of ammonia. The roseola, however, faded in the course of a week, and the sore healed gradually under the application of the solid nitrate of silver.

The periods of succession of the symptoms in this gentleman's case were, firstly, the occurrence of a superficial sore, without induration, on the prepuce, one week after contagion; and secondly, the outbreak of roseola, without enlarged glands or sore throat, six weeks after the first appearance of the sore. The entire duration of the roseola was three weeks.

An observation made to me by this gentleman while under treatment is interesting, as exhibiting the irritability of system which commonly accompanies syphilitic cachexia, and also as offering a key to the proper comprehension of cutaneous syphilitic eruptions in general. I have stated above that the roseola was confined to the trunk of the body, and was chiefly apparent on the front of the abdomen. One evening, however, the patient fell into the society of some joyous companions, and was tempted to drink a few extra glasses. The next morning the effects of his excess were manifested by an exuberant efflorescence of roseola over the whole face. The rash subsided in the course of the day, and then gradually disappeared.

* The accompanying plate, although specially illustrative of the syphilitic form of roseola, presents all the typical characters of the common roseolous rash, and may be accepted as a correct representation of idiopathic roseola.

CONGESTIVE INFLAMMATION OF THE DERMA.

ERYTHEMA ANNULARE PALMARE.

THE singular affection of the palms of the hands, illustrated in the accompanying drawing, occurred in a naval surgeon. This gentleman was forty years of age, of a lymphatic temperament, and had spent several years of his life in India, where, indeed, he was born.

He had always enjoyed good health until about three years since, (1845,) when he suffered for six months from extreme constipation, often passing a week without any action of the bowels. This state of constipation was accompanied by flatulence, hypochondriasis, and fear; and during the latter three months of his illness, with musical sounds in the ears. His excretions exhibited considerable derangement of function of the liver; they were sometimes quite white, at other times black. Occasionally there were attacks of relaxation; and his sufferings were augmented by prolapsus ani. He ultimately got well under the influence of change of residence and air.

In November, 1846, while in the enjoyment of good health, he perceived two elevated red spots of a circular figure on the left arm, a little above the wrist. They were attended by a slight degree of itching, and increased to the size of a sixpence; they then disappeared gradually, fading and subsiding in the first instance in the middle, and assuming an annular form. Shortly after the appearance of these two patches, a third, of somewhat larger size, occurred on the upper arm, and went through the same course. The duration of these eruptions was about six weeks.

In the beginning of May, 1847, while in the West Indies, this gentleman observed a spot, similar to those above described, on the palm of the right hand. The spot enlarged by degrees, was elevated, and itchy, and subsided, like the former ones, at the end of about a month; the epiderma then exfoliated, and the hand got well. Soon afterwards, an elevated and inflamed ring formed around the mark left by the preceding, and continued to enlarge very slowly until the beginning of November, when he first consulted me. At this time, the circle was interrupted at one or two points; the epiderma, which had become raised in several places without any effusion beneath it, had broken, leaving its ragged edges behind, and exposing the newly formed skin beneath, which was of a purplish hue. Some parts of the circle had the bright red tint of erythema, while in other situations the summit of the ridge was yellowish, from the desiccation of the separating epiderma.

On the palm of the left hand, towards its ulnar border, there was a circle similar to the preceding, but of smaller size. It had been progressing slowly for three weeks.

At the time of consulting me, the circles were more irritable than they had been previously; they exhibited no tendency to disperse, and the palms of the hands were hot and dry. This gentleman informed me that his present health was good; but upon submitting him to careful examination, I had reason to doubt this statement. His tongue was remarkably white. This, he said, had always been the case. The papillæ of the tongue were unusually long; there was a tinge of yellow in his conjunctiva and skin; his sleep was heavy; and there was a general sluggishness of all his functions. It is no uncommon thing to find persons suffering from some cutaneous irregularity declare themselves "quite well," when a medical examination proves that

they are far from being so. In the present instance, the patient was a medical man; the want of self-knowledge was, therefore, the more remarkable. But, in fact, where there is no apparent disorder, health seems to be relative; and many persons have never known real health—their habitual state being a mere absence of pain.

I prescribed for this gentleman a blue pill every other night, and a draught containing sulphate and carbonate of magnesia with nitrate of potash every morning. After thoroughly unloading the bowels, and exciting a more abundant secretion of bile, I recommended him to take nitro-muriatic acid in infusion of gentian. Under this treatment, he became sensible of a marked improvement in his health; and in three weeks the circles disappeared.

OBSERVATIONS.

Had the above case been an isolated one, I should not have ventured to devote a plate to its illustration; but I had seen another of a similar kind a short time previously, and am inclined to think that they are not of rare occurrence. The second one to which I allude occurred in a gentleman, at present holding a high legal office in one of our colonies. The disease was mistaken for psoriasis palmaris—an error very likely to be made in the second stage of the complaint, when the epiderma is broken and peeling off, and particularly if there be chaps in the tender skin, as happened in the case above narrated. It is, however, important for the credit of the surgeon that the distinction should be made; for the erythema annulatum palmare is easily and speedily cured; while the psoriasis palmaris requires months, and sometimes years, for its treatment, is very obstinate, and calls for the use of specific remedies. Probably some of those cases of psoriasis palmaris which have been described as yielding readily to treatment, were examples of the present disease. I can find no account of the erythema annulatum palmare in the works of authors on the diseases of the skin.

It may be proper to mention, that the treatment which I pursued in the first of these cases was, in principle, the same as that adopted for the second; and the gentleman got well in an equally brief space of time.



W. Bagg ad nat. del. et lith.

Printed by Hallmandel & Wain.

ERYTHEMA ANNULARE PALM. & F.

✓

London. Published by J. Churchill, Printer to the Royal Society, Strand, 1844.

DEPOSITIVE INFLAMMATION OF THE DERMA.

LICHEN SYPHILITICUS CONFERTUS.

THE subject of the accompanying illustration was a gentleman of middle age, a native of the south of Europe, whom I saw in consultation with my friend Mr. Young, of Sackville-street, on the 2nd of June, 1850.

The eruption presented a well marked example of common syphilitic lichen. Almost every pore on the patient's trunk and arms was raised into a small conical pimple, and the eruption exhibited a deeper hue than usual, from occurring in a person of dark complexion. On his face the pimples were not so distinct; the entire skin of that region was swollen, particularly about the eyes and forehead, and upon the latter were several round and oblong blotches, slightly raised above the level of the skin. Upon these blotches the congested pores were very evident. This appearance afforded a good illustration of the transition of the distinct papules of lichen into those larger prominences which are known as syphilitic tubercles; and the case was one of those in which the tubercles and papules of syphilis are found in the same person, this difference in the effects of the syphilitic poison being merely referable to difference of situation.

He informed me that he had contracted the primary sore in the month of November preceding; it was very trifling, and healed in twenty days with the aid of a little simple ointment. He had taken no mercury.

About the middle of April, namely, five months after inoculation, he felt a little unwell, and had a sensation of stiffness in the skin of his head and neck, which was immediately succeeded by the present eruption. He had no soreness of the throat, and no other symptom than a slight degree of feverishness.

On the occasion of his visit to me, the eruption had been out for six weeks, and showed a tendency to increase upon his limbs. He stated that he had no sore throat; but I found on examination that the fauces were slightly swollen, congested, and of a purplish red colour. He was losing his hair abundantly.

We prescribed for him, the iodide of potassium in doses of three grains three times a day; a compound colocynth pill, containing a grain of calomel, every night at bedtime, and a warm bath every other day. At the end of a week he manifested considerable improvement, his face was less swollen, the tubercles less prominent, and the papules on the arms and upper parts of the trunk diminished in size and less red. On the abdomen the papules were numerous and prominent, on the thighs and legs they were redder and more scattered. The throat was less congested. As the iodine had produced coryza, the dose was reduced to twice a day instead of three times.

At the end of a second week the signs of cure were still advancing favourably, the eruption was subsiding. The iodine was still further reduced to one dose a day; the pill was continued; it acted twice on the bowels in the twenty-four hours.

A month after this period I again saw him with Mr. Young. He was suffering from an exacerbation of the feverish symptoms; the eruption was still abundant on his skin, and he presented symptoms of sub-acute iritis, with slight conjunctivitis.

Under these circumstances, we called in the aid of Mr. Dalrymple, who prescribed a collyrium of

laudanum in water, one part to twelve, and a grain of calomel, with a quarter of a grain of opium, three times a day. This was the first mercury he had taken.

At the end of eight days, his gums being tender, the mercurial treatment was modified by the substitution of a pill containing three grains of hydrargyrum cum cretâ, with two of extract of conium, also three times a day. This treatment was continued for about six weeks, and was suspended in consequence of amendment in his symptoms.

Three weeks afterwards, on the re-appearance of some of his symptoms, Mr. Young returned to the use of the iodide of potassium and liquor potassæ, with advantage. But the eruption continued unremoved, more dull in colour, and the pimples somewhat less prominent than heretofore, and less distinct in some situations than in others, but it was still there.

About the middle of March, (1851,) the patient consulted Mr. Young for an eruption of syphilitic tubercles on the lower part of the face. Mr. Young prescribed a Plummer's pill at bedtime every night, and half a drachm of liquor potassæ three times a day. The eruption disappeared in ten or twelve days; but was almost immediately followed by congestion of the conjunctiva and symptoms of returning iritis.

This case offers several points of interest for consideration; in the first place, the slowness of the primary disease, and its cure without the aid of mercury; in the second place, the occurrence of the secondary disease after five months of latency of the syphilitic poison; in the third place, the obstinate recurrence of symptoms of constitutional syphilis for twelve months, with no prospect of their cessation; and, in the fourth place, the permanence of the lichenous eruption since its first outbreak.

At our first consultation on the case of this patient, the hair was falling in large quantities. This morbid action was controlled and checked by the iodide of potassium of our first prescription, but recommenced as soon as he was brought under the influence of mercury.



W. Bagg and nat. del. et. lith.

Printed by Hallman & Walton.

W. Bagg and nat. del. et. lith.

1871

1871

DEPOSITIVE INFLAMMATION OF THE DERMA.

LICHEN SYPHILITICUM.

VARIETIES: *Disseminatum*. — *Tuberculatum*. — *Corymbosum*.

SYNONYMS: *Papulæ syphiliticæ*. — *Tubercula syphilitica*.

THE subject of the two following illustrations was a young woman twenty years of age, the wife of a respectable tradesman, a few years older than herself.

She was a person of good constitution, short in stature, strongly made, a brunette, and had always enjoyed good health until the present illness. She was married on the 10th of January, 1848; and a fortnight afterwards, applied to me, in consequence of suffering from a severe state of contusion of the anterior part of the vulva. Upon examination, I found the clitoris and labia minora much swollen, with abrasion and superficial ulceration in parts, and a purulent discharge from the mucous membrane. She informed me that these injuries were caused by the awkwardness of her husband. The latter, as I afterwards assured myself, was perfectly free from syphilitic disease—indeed, had never suffered from it in any way.

A fortnight after her first visit to me—that is, a month after marriage—there appeared on her head and face a few pimples, having the character of syphilitic lichen. The first broke out at the angle of the mouth, and was followed by two or three upon the upper lip, and about double that number on the forehead. They then showed themselves on the back, afterwards on the neck and shoulders, the thighs, and the abdomen. At the end of three weeks from the commencement of the eruption, a few made their appearance on the upper arms, and subsequently on the fore-arms. There were none on the legs below the knees, nor on the hands or feet.

About ten days after the outbreak of the lichenous eruption, she became attacked with tonsillitis, which ran an acute course for a fortnight, and then terminated in abscess and ulceration. For the last few days of the abscess, the fauces were so much obstructed as to render the deglutition of solid food impracticable, and the extension of the swelling upwards produced deafness. The suppurative stage of the tonsillitis was accompanied by severe symptoms of constitutional irritation, the pulse was quick, the secretions were arrested, she was anxious, restless, and unable to sleep, and her bodily powers were greatly exhausted.

While the tonsillitis was progressing towards suppuration, several of the inguinal glands of the left side became painful and enlarged; the lymphatic gland, situated just above the inner condyle of the humerus of the right arm, was tumid and painful, as also were the concatenated glands of the neck. The inflammation in these glands subsided in the course of a few days.

On her first application to me, on the 24th of February, her digestive organs were out of order, and she complained of languor, lowness of spirits, and a general feeling of illness. She also remarked upon the change which had taken place in her skin, which was sallow and muddy. These latter appearances increased very much during the progress of her illness; and at the height of her suffering with the tonsillitis, the colour of her skin had undergone a complete alteration. It looked unhealthy and dirty, and she apologized frequently for its discoloration by alleging her want of power to wash herself thoroughly.

I shall now proceed to describe the modifications exhibited by the eruption during its progress. The pimples on the face were of the usual yellowish-red or copper colour which accompanies the syphilitic cachexia; they were large, prominent, and smooth, measuring about one line in breadth, by half a line in height, and rose abruptly from the unaltered skin. On close examination, the aperture of a follicle was apparent on the summit of each, marking the seat of the inflammatory congestion to be the capillary plexus

of the follicle. The summit was evenly rounded, not conical as in acne, and, unlike the latter, they were soft to the touch, and had no tendency to suppurate. At the end of a week, they had a yellowish tint at the summit, which arose from the thickening and commencing separation of the epiderma; and, still later, they were surmounted by a small conical crust, of a dirty yellow colour, consisting of desiccated sebaceous secretion, and reminding one of the conical crusts of rupia. After a time, the little cap of thickened epiderma fell off, or where the conical crust of concreted sebaceous matter had formed, this also separated, and the pimple gradually subsided to the natural level of the skin, leaving behind it a brownish stain.

In their growth, maturation, and decline, these pimples, therefore, offer three stages for consideration; in the first, they are smooth and soft, and the colour is vivid; in the second, they are denser in structure, their colour is dull, and they are surmounted by a small yellowish crust of hardened epiderma and sebaceous substance; in the third stage they are declining. In the drawing before us, representing the face of this patient, they are exhibited in their second stage, the time at which it was made being just one month from the first outbreak of the disease. I have distinguished this form of syphilitic lichen by the name of *lichen syphiliticum disseminatum*. The eruption on the front of the trunk of the body and on the limbs was of this kind.

The eruption on the back assumed a different character from that just described; the pimples were somewhat brighter in colour; the eruptions on the face and parts of the body exposed to the air being always a little duller in hue than those occurring on the covered regions. They were exactly circular in shape, scarcely raised above the level of the surrounding skin, gently convex on the surface, somewhat harder to the touch than the more prominent pimples, smooth, and varying between one line and four lines in diameter. The principal seat of this eruption was the hollow of the spine between the shoulders, and the back part of the neck. Like the prominent pimples of the “disseminated” variety, these broad pimples have their three stages—namely, first, that in which they are smooth on the surface; secondly, that in which they are covered by a thin epidermal crust; and thirdly, that of decline. During their first stage, the stage of growth, the epiderma covering them exfoliates repeatedly, and leaves around their margin an abrupt edge of cuticle, which gives them a remarkable appearance. When two or three successions of these edges occur in consequence of several exfoliations, they form a kind of circular frill around the circumference of the papule. In their third stage, previously to decline, they not uncommonly contract in diameter and become prominent, assuming the appearance of the disseminated variety of the eruption. In its pathological seat, as well as in its mode of development, this form of eruption is obviously a modified lichen, and I have ventured to distinguish it by the name of *lichen syphiliticum tuberculatum*; it constitutes one of the varieties of “syphilitic tubercles” of the French writers. In the drawing representing the back of this patient, the eruption in question is seen in the hollow of the spine, just below the shoulders, and is exhibited in its first stage.

The red papulated blotches situated across the shoulders and behind the neck in this drawing represent a third variety of lichen, which I have distinguished by the name of *lichen syphiliticum corymbosum*. This eruption showed itself suddenly in my patient just three days before the bursting of the abscess in the tonsil, and while the constitutional symptoms were at their height. The pimples rose rapidly; they were lighter at their summits than at their bases; they corresponded in size with the lichen disseminatum, and they came out in separate clusters of five or six. They differed, however, very greatly from the other varieties of eruption in the erythematous area which surrounded them, and by the blending of which the above-mentioned blotch was constituted. The pores included within these blotches exhibited the congested condition of the follicles, by their red colour. This eruption remained vivid until the fourth day, and then rapidly disappeared, leaving behind it a dirty stain.

There is yet a fourth cutaneous eruption to be described in connexion with this interesting case, namely, an erythema tuberosum, which made its appearance, at the height of the constitutional symptoms, on the knees and on the legs. These spots were circular in form, slightly swollen, of a bright-red colour, hard and thick to the touch, and very tender. One on each knee measured three quarters of an inch in diameter, while the others measured about half an inch. There were six or eight of these spots on one knee, four or five on the other, and three or four dispersed on the legs below the knees.



W.Bagg 2d. nar. del. et lith.

Printed by Hullmandel & Walton.

LICHEN SYPHILITICUM var. DISSEMINATUM.
O.

London: Published by J. Churchill, Princes St. Leicester Sq. 1st October 1st 1848.

DEPOSITIVE INFLAMMATION OF THE DERMA.

LICHEN SYPHILITICUS. VARIETY, CORYMBOSUS.

THE subject of the accompanying illustration was a young man, aged twenty, a carpenter by trade.

In the month of February, 1846, he became the subject of a venereal sore, for the second time. The sore was situated in the fossa glandis, and offered no complications. It was treated with mercury, and was healed in six weeks. He had no bubo, or other indication of affection of the lymphatic, or general system.

While under the influence of mercury, he was frequently exposed to cold, having, in the prosecution of his avocations, to pass from a warm workshop into the cold air during the prevalence of north-easterly winds. In consequence of this exposure, he became affected, three weeks after the first appearance of the sore, with severe rheumatic pains in his shoulders and knees, and at the same time was visited with a papular eruption, which broke out first upon his face, and then upon the arms, legs, front of the trunk, and back. He made no complaint of sore throat, but the mucous membrane of the fauces was congested.

The eruption was complete at the time of his first application to me; and, as is usual in these cases, the pimples offered some variety in point of size, those of medium bulk being about equal in magnitude to millet-seed. They were of a dull red and purplish hue, and collected into groups or clusters, containing from three to thirty in number. In the majority of the clusters there were ten or twelve of these pimples, and here and there a few solitary ones might be observed, dispersed among the clusters. The patch of skin on which the clusters were placed, was slightly raised, wrinkled, and of a dull-red colour.

A good example of the manner of formation and arrangement of the clusters is exhibited in the plate: there are separate papules, of large and small size; clusters of three and four; and other clusters of the largest kind. The irregularity of size of the papules constituting each cluster is also seen, larger and smaller papules being assembled on the same erythematous base. The eruption is at the height of development; at an earlier stage, the erythematous blotch, on which the pimples are raised, was more apparent; and later, the pimples had lost their brightness of colour, had become purplish, and had sunk to the level of the skin.

Like other eruptions, the papules of syphilitic lichen are modified, both in arrangement and size, by their seat of development. On the face they are larger than on other parts, and very rarely clustered; on the abdomen they are also of large size; while on the back and limbs they are smaller, and offer the best illustration of the corymbose arrangement. On the hands and feet they are very rarely seen.

After a week of treatment and confinement to an equable temperature, the eruption had subsided, and each papule had become surmounted by a little thin, brownish scale of desiccated epiderma; there was also an epidermal exfoliation from the altered skin which formed the ground of the clusters. The patches were brownish in hue, and contrasted strongly with the colour of the adjacent skin, although the latter presented the muddy and yellowish hue of syphilitic cachexia. Some few of the pimples, however, still lingered, and contained in their summits a whitish pus, and here and there a single fresh pimple showed itself. At the end of the second week of treatment every pimple was gone, and the ground of the patches was undergoing a general exfoliation.

The occurrence of a sero-purulent fluid or pus in the summits of the papules of syphilitic lichen is a common character when the eruption is severe, has lasted for a long time, or has been aggravated by exposure to cold or the undue or injudicious administration of mercury. I have seen instances in which the greater number of the papules were capped by a white summit of pus. When the pus dries up it forms a scab of some thickness, and occasionally, though rarely, on the fall of the scab there remains behind a trifling degree of ulceration. When seen in this stage the eruption might be mistaken for one of a primary vesicular or pustular kind.

My treatment of this patient consisted, primarily, in confining him to the house, limiting his supply of animal food, and abolishing stimulants; to this I added the administration of a vapour-bath every other day, and a saline purgative, containing iodide of potassium and antimony, daily. After a few days, when the feverish symptoms attending the outbreak of the eruption and the rheumatic pains were subdued, he took five grains of iodide of potassium, with two ounces of the compound decoction of sarsaparilla, three times a day, and a Plummer's pill at night. In the course of a week I was enabled to reduce the dose of the iodide to three grains, and in three weeks to suspend it altogether. He was quite well, and has remained free from a return of the eruption.



DEPOSITIVE INFLAMMATION OF THE DERMA.

LICHEN SYPHILITICUS ANNULATUS.

THE subject of the accompanying illustration was a gentleman, aged twenty, a junior member of the medical profession. The eruption had been in its present state, with little variation, for three months, and from the precision of form of the circles, and their contrast with the surrounding skin, presented a very remarkable appearance. On close inspection, the circles might be seen to be composed of a ridge of slightly and irregularly elevated papules, enclosing an area of a yellowish or fawn colour. On the pimples there was a trifling degree of exfoliation of the cuticle, and the yellowish centres were pulverulent from a similar action. There was no irritation of the skin, and no inconvenience, excepting that resulting from their unsightly appearance. The circles commenced by small circular spots of a reddish hue, the edges of the spots then became raised and papulated, and quickly enlarged to the size represented in the plate. In some instances the circle was remarkably exact, the rate of growth having been equal at every point; in others, one or more parts of the circle enlarged more rapidly than the rest, giving to the circle a scalloped appearance. In some of the circles a new centre of growth is apparent, and in one or two instances, as upon the left cheek, one circle had encroached upon another and elicited the form of the joined links of a chain. Besides the fully developed circles, there were small red spots, which indicated their development, and stains their decline.

He reports that about the middle of September, 1850, he first became affected with anything of a venereal nature; that on this occasion he received a slight tear of the mucous membrane, which bled. A fortnight afterwards, the part which had been wounded swelled up to the size of a nut, and presented a small superficial excoriation, which was touched with sulphate of copper and nitrate of silver; and got well in a week. For the same period, he took a Plummer's pill, three times a day; no effect was produced upon his mouth.

In a few days after the healing of the superficial sore, namely, in a month from connexion, the eruption made its appearance on his face, in the form of rings of a dull red colour, as represented in the plate. They were few in number at first, and increased by degrees, new rings showing themselves from time to time. The eruption was chiefly confined to the face and head, but there were also several rings of the same kind upon the scrotum.

A week after the first outbreak of the eruption, that is, five weeks after connexion, he had neuralgic pains in various parts of his body; and five weeks later, namely, ten weeks after connexion, followed sore throat.

On the occasion of his visit to me, December 30th, 1850, his skin and conjunctiva were yellowish and muddy; his tongue white, moist, and marked by the teeth; and the fauces presented a dull red colour from congestion. He complained of languor, lassitude, restlessness, and depression of spirits.

I prescribed for him three grains of iodide of potassium in cinnamon water, three times a day, with a Plummer's pill at bedtime, and a vapour bath every third night. At the end of a week, the eruption was gone, only the stains remaining which commonly follow cutaneous congestions. I then directed him to continue the Plummer's pill, but to take the iodide of potassium twice instead of three times a day. At

the end of a fortnight, as he appeared to be well, I recommended him to suspend the iodide of potassium, but to continue the Plummer's pill every night for a fourth week, and then every other night for a fifth; the treatment to be completed at the end of five weeks.

Six weeks after cessation in the use of remedies, March 19th, 1851, he again visited me, complaining of pains in his limbs and sore throat. The fauces were slightly congested, and upon the soft palate was a superficial ring as large as a half-crown piece, and similar to those which had previously existed on the skin. The ring had a distinct red margin, which included an area of a yellowish tint of colour. His tongue was white and moist, his skin sallow and muddy, and he had soreness around the apertures of the nares. There was no return of the eruption, with the exception of the reddening of half-a-dozen spots on the legs, which had remained from the first attack.

I again put him upon a treatment of iodide of potassium, three grains, three times a day; but instead of the Plummer's pill, gave him a grain of the protioduret of mercury, with four of extract of conium, every night at bedtime. As he proposed going to Brighton, I was glad to have the opportunity of making the addition to this treatment, of sea air and tepid sea-bathing.

He returned in a few weeks, feeling himself quite well; but has since had occasional attacks of slight soreness of the throat, and pains in the joints, particularly in one knee. For these attacks, I have usually prescribed the protioduret of mercury in small doses, and after a few days, the symptoms have disappeared. The knee has been more obstinate: the pain, which was only slight, soon left it, but a feeling of weakness in the joint remained for several weeks, indeed, until he had followed a short course of the iodide of potassium.



W. Bagge ad. nat. del. et lit.

Printed by H. and A. S. 1861.

LICHEN ANNULATUS SYPHILITICUS.
A. N.

London first seen by J. Churchill Princes St. Leicester Sq. October 1st '63.

DEPOSITIVE INFLAMMATION OF THE DERMA.

LICHEN SYPHILITICUS.

Variety—TUBERCULATUS ANNULATUS.

THE subject of the accompanying illustration was a man of sound frame of body, a compositor, fifty years of age. Until within the last ten years, he was in affluent circumstances as a printer and newspaper proprietor; but for the period last named, has suffered much from mental distress and poverty. Latterly, for some months, he has been out of employment, and has, in consequence, been subjected to many privations.

At the age of twenty-two, he contracted syphilis, and had a venereal sore, which was situated on the under surface of the prepuce, a little to the left of the middle line. It never exceeded the size of a split pea, and got well in little more than a week. He had also a bubo of small size in the left groin, which suppurated and burst spontaneously. Altogether, he was not ill more than two or three weeks. He was attended by a medical man, who gave him a pill twice a-day, but he does not remember if his mouth became sore; neither does he remember whether he subsequently suffered from sore throat. He does not appear to have had cutaneous syphilis in any form.

A year and a half after the cure of the chancre he married, and has had a family of sixteen children, six of whom are now living. None of the children, either in infancy or since, have evinced any signs of cutaneous syphilis. He has now been a widower two years, and during this period, has had occasional suspicious sexual connexion, but never the slightest indication of primary disease. The last connexion of this kind occurred about six weeks or two months previously to the attack of illness presently to be described.

The latter half of the year 1848 he spent in the country, visiting several provincial towns, and at Christmas he returned to London in excellent health. A week after his return, he obtained employment in a printing office which was badly ventilated, and where the gas escaped, and being engaged on a morning paper, was kept at work until a very late hour, and sometimes the entire night. He suffered much from headaches during this engagement, was often chilled in his walk home, and a few nights before his illness, got wet in a heavy rain. These headaches were often so severe as to prevent sleep, and he observed that they were accompanied during the night with profuse fœtid perspirations. One night, on his return home, at the end of the week, the headache was more violent than usual, and he retired to bed immediately. He soon, however, felt worse; his breathing became oppressed; he had severe pain in his chest on inspiration, and he was alarmed by a sense of impending suffocation. His medical man, Mr. Aldridge, of the St. Pancras Road, was sent for, and administered an emetic, applied mustard plasters to the chest, and gave him an active purgative. He was relieved by this treatment, and passed the day more tranquilly, and on the following morning felt himself so well as to be able to leave his bed. On rising, he observed that his skin was covered with a red eruption, which occupied the entire trunk of the body, the upper arms, and upper part of the thighs. Mr. Aldridge informs me that this eruption bore all the signs of syphilitic roseola.

The roseolous rash continued to maintain its position on the skin for five months, namely, until the end of June, without change, and in spite of all the remedies prescribed for him by the several medical practitioners whom he consulted; when, suddenly, and, as he conceives, in consequence of the action of the

medicine he was taking at the time, or of a warm bath, the red efflorescence rose above the level of the skin, assuming a tuberculous character, and, for the first time, showed itself on the face.

On his first appearance before me, namely, in the middle of July, I found his face deformed by a tubercular eruption of a dusky red hue. On parts of the face, and particularly on the exposed portions of the neck, the eruption consisted of distinct, rounded papules, of large size. On other parts of the face, the papules had the form of oblong mounds, more or less curved; and, again, in other situations, formed complete circles. On the forehead, the papules appeared to have become blended together, so as to constitute one single tuberos mass, of irregular shape, which extended across the brow, from one temple to the other. This mass was of a dusky red colour with a tinge of yellow, which gave it a coppery hue, and there was a seeming transparency about it, which made it resemble brawn, or a portion of coarse and thickened skin, in a state of œdema, from infiltration of a yellow serum. To the touch, however, the swelling was hard, and evidently occasioned by a thickening of the skin, and not by the infiltration of fluid.

The trunk, as far as the waist, and the arms, were covered with the disseminated and annulate form of the eruption; the papules being more or less developed, and the rings more or less complete. The annulate character was, however, the prevailing type. In certain situations, the papules were less fully formed, and appeared to be made up of a number of smaller papulæ, a very little larger than those of common lichen; and many of these smaller pimples, of a dirty hue, were scattered amidst the patches of eruption, or grouped round the larger papulæ, or rings.

On the lower limbs, and lower half of the trunk of the body, the papules and rings had subsided to the level of the skin, forming so many darkish red or brownish stains (maculæ) of a circular form. Many of these maculæ were sprinkled over with the dark remains of the smaller papules, or with the deeper coloured spots, which indicated the pores of the follicles. The maculæ were, for the most part, dark in the centre, fading away gradually to the circumference, and in some situations had the appearance of the stains of a bruise.

The general surface of the skin was dry, sordid, and discoloured, and presented the character so frequently met with in cutaneous syphilis. He had, besides, some degree of hoarseness, which had remained since his attack of pulmonary congestion, but felt no soreness of the throat, and I could discover no indication of ulceration, either present or past. He had, besides, an excess of pulmonary secretion, and an unusual discharge of mucus from the pituitary membrane, the sequel of a catarrh which accompanied his first seizure.



W. Bagge ad nat. del. et lith.

Printed by Hullmandel & Walton.

LICHEN SYPHILITICUS TUBERCULATUS.
A. B.

London. Published by J. Churchill & Co., 5, Leicester Square, January 1st 1850.

SUPPURATIVE INFLAMMATION OF THE DERMA.

IMPETIGO SYPHILITICA.

SYNONYMS: *Pustular syphilis*.—*Syphilide pustuleuse psydracée*.

THE subject of the accompanying illustration was a young man, eighteen years of age, of strumous diathesis. He had suffered from enlarged cervical glands for twelve months previously to this attack, and was much exposed, from the nature of his occupations, to vicissitudes of temperature.

He reports, that in the month of October, 1847, he had a chancre on the prepuce, which got well in about a month, and that in the December following, in consequence of taking cold, the glandular enlargements increased in size, and became painful. He had also one or two periosteal swellings, and an eruption on the skin similar to that represented in the plate.

At the time of my first seeing him, namely, early in January, 1848, he was confined to bed; his secretions had been attended to, and he was taking the iodide of potassium with decoction of sarsaparilla. Under this treatment the cutaneous eruption speedily gave way, but the glandular enlargements continued to increase, and, requiring to be opened, discharged a considerable quantity of pus. In the middle of January he was suddenly seized with a severe sore throat, accompanied by acute febrile symptoms. The febrile attack was combated with antiphlogistic treatment and regimen, the tonsils suppurated and relieved themselves by rupture, but he was left much reduced in power, and greatly emaciated.

With the view of restoring his lost tone, and correcting the pyogenic tendency of his system, he was now put under a course of cod-liver oil, taking, in the first instance, a teaspoonful three times a day, and gradually increasing the dose to a tablespoonful. At first the remedy agreed with him perfectly, but at the end of a fortnight caused nausea, and then gave rise to so much uneasiness and disturbance of the stomach as to require that it should be relinquished entirely.

The disturbance of the stomach occurring at this period was the forerunner of a second attack of pustular eruption on the skin. This eruption broke out on the 1st of March, and subsided about the 15th. The drawing was made on the sixth day of the eruption. On the 25th of March, the impetigo made its appearance for the third time, but in a partial manner, attacking chiefly the arms, and especially the fore-arms.

The order of succession of the symptoms of syphilis in this patient was, therefore, as follows:—In the middle of October, a chancre; eight weeks after, a psydracious pustular eruption on the skin, having the characters of impetigo, with periosteal swellings; at twelve weeks, a sore throat, with suppuration of the tonsils; at eighteen weeks, a second attack of impetigo; and at twenty-one weeks, a third and partial attack of impetigo.

At the period of making the drawing, the eruption presented at one view all the stages of development, maturation, and decline of the disease. There were minute red pimples, for the most part solitary; larger pimples, about a line in diameter, on the summits of which pus was making its appearance; and fully formed hemispherical pustules, having a medium size of one line and a half in diameter, filled with yellow pus, and surrounded with a bright-red areola, from half a line to a line in breadth. Then, as exhibiting the progress of decline, there were pustules in which the purulent matter had assumed a duller tint towards the centre; others, in which, besides the alteration of colour, there was a depression of this part of the pustule from incipient desiccation, which gave them an umbilicated appearance; others, in which the

brownish centre extended nearer to the circumference, substituting by degrees a scab for a pustule; and others, again, where the scab had become hard and brown, the redness around its circumference having begun to fade and assume a purplish tint, and the epiderma of the inflamed areola to exfoliate. A few of the scabs were quite black from the effusion of a little blood consequent on injury to the pustules by scratching or friction. Lastly, there were the purplish spots left after the fall of the scabs, and the brownish stains which indicated the position of the pustules for weeks after the eruption had become cured. The pustules were pretty equally distributed over all parts of the body, with the exception of the hands and the feet. On the front of the fore-arms they were perhaps more abundant than in other situations.

I have before observed, that the treatment pursued in this case was, in the first instance, the iodide of potassium, with decoction of sarsaparilla; during the second period, cod-liver oil; and thirdly, after the second outbreak of the eruption, nitro-muriatic acid, with infusion of gentian. He informed me that he had been salivated with mercury for the primary disease.



W. del. et lith.

Printed by Hullmandel & Walton

IMPETIGO SYPHILITICA.
Y.

by J. Churchill, M.D. Princes St. Leicester Sq. 1st October 1849

EFFUSIVE INFLAMMATION OF THE DERMA.

RUPIA SYPHILITICA.

THE subject of the accompanying illustration was a young man, about twenty years of age, an artisan, exposed in his trade to considerable alternations of temperature. He reports that he enjoyed good health until the month of January, 1845; that he was then immersed in the water, in consequence of the upsetting of a boat, and was in danger of drowning; that he was a long time ill after the accident, and remained weakly and delicate the entire year; and that he had not recovered his health in December, when he had the misfortune to contract syphilis. He had then a small chancre beneath the prepuce, with bubo; the former soon healed, but the latter suppurated, and kept him confined to bed for nine weeks before it got well.

After being a fortnight in bed, he caught cold from an open window, and suffered from sore throat; and a month afterwards, that is, about six weeks from the first appearance of the chancre, he observed an eruption of red pimples on his face and head. The pimples occupied chiefly the left side of the face, namely, the side which corresponded with the window. They were as large as the half of a small pea, oval or roundish in form, and after increasing for some days, became filled, at the summit, with a bright yellow pus. After another interval of two or three days, the centre of the pustule had become brown; it desiccated by degrees into a yellowish-brown scab. The margin of the scab, where it was continuous with the epiderma of the adjacent skin, was still yellow from the effusion of fresh pus, while a narrow halo of redness indicated the inflamed skin around the circumference of the scab.

About the beginning of March, 1846, as soon as the bubo was well, he left his bed, and tried to take exercise in the air. On one of these occasions he caught cold, and began to be troubled with pains in his limbs, the pain being increased by the warmth of bed, and destroying his sleep. His throat was sore from ulceration of the tonsils and pharynx, and his hearing impaired from obstruction of the Eustachian tubes.

His face at this time (the middle of March) was studded over with yellowish-brown crusts, which gave him a very remarkable appearance. Some of these crusts existed on the scalp, and a few on the limbs and back, but it was curious to note that by far the greater number were situated on the left side. On the forehead and eyebrows there were no less than seventeen crusts, of which fourteen occupied the left side; on the nose there were nine; on the rest of the face twenty-seven; and fifteen on the scalp; making a total for the head of sixty-eight. There were but few on the rest of the body; none on the front of the trunk; two small ones on the back; one of considerable size on the left upper arm; six on the left leg; but none on the limbs of the right side.

The cutaneous disease presented itself in all its stages; there were red pimples, some blind, and some surmounted with yellow pus; there were others, a stage more advanced, carrying a thin crust; and others, again, covered with crusts of various size and various degrees of elevation. The crusts all bore the aspect of being more or less laminated; some were irregular, others were pretty evenly limpet-shaped, others had the appearance of an oyster-shell, while a few were broken into small fragments and had a mulberry-like appearance. On the eyebrows they had uprooted the hair and carried it with them in their growth, so that, on superficial inspection, they seemed tufted with hair. There was also some difference in colour, having reference to duration and accidental conditions. In the most recently formed crusts a reddish-yellow colour predominated; the older ones were brown, with a tint of green and sulphur-yellow, while some, which had been caught by the dress or by the bed-clothes, were black, from being stained with blood.

The elevation of some of the crusts was three-quarters of an inch; such crusts had generally the conical shape, that particular form being partly the result of freedom from injury, and partly the consequence of slow and gradual peripheric extension of disease in the skin. On the side of the cheek one of the crusts was thicker below than above, from gravitation of the imprisoned pus. On the upper lip, near the margin of the prolabium, two of the crusts, of a circular and conical form, curved downwards towards the mouth. The largest of the crusts, so far as breadth is concerned, was one on the front of the thigh. It measured nearly two inches in greatest diameter, was dark-coloured, from admixture with blood, and thin. The latter condition of the crust was the result of several concurrent causes—namely, rapid peripheric extension; limited secretion of pus, the latter being more or less ichorous; and, lastly, the accidental escape of some of the pus from under its margin. A crust of this kind, having an oyster-shell appearance, may be seen in the plate, occupying the neck of the patient.

In examining any one of these crusts with attention, it was apparent that its external pellicle was continuous with the epiderma of the surrounding skin; that this portion of the pellicle was of a lighter colour than the rest, and that its elevation was due to the presence of newly-formed pus beneath it. By a little pressure made on the crust, the pellicle referred to might be broken through all round, and a little further pressure would remove the crust entirely. By this means the crust might be shown to be a hollow cone filled with a thick and tenacious pus, and based upon an indolent and unhealthy ulcer. In the plate, the separation above referred to may be seen around the margin of some of the crusts, and the edge of the ulcer is thereby brought into view.

These ulcers, which are in reality the disease, the crusts being merely an indication of their existence, have been very correctly denominated “atonic.” When they have made but little progress in depth, they present a coarsely granular surface, interspersed with irregular patches of undestroyed corium. A little later, when the ulceration reaches the deepest stratum of the corium, the tissue of the latter may be detected among the granulations, forming an open network; while, at a still later period, when the corium is entirely destroyed, the exposed subcutaneous tissue is frequently smooth, or the granulations are few and scattered, and the hollows filled with whitish and yellowish lymph. The edges of these ulcers, which at first are slightly raised from thickening of the derma, subsequently become pale and smooth, and lose their elevation. They are undermined to a greater or less extent. It is no uncommon thing to have an ulcer of this kind presented to us several weeks after the fall of the crust—a solitary ulcer, say, on the arm. We need no more than to observe its loose undermined edges, its smooth red surface, and indolent character, to decide upon its nature. The husky or half-whispered enunciation of the patient is another ground of evidence; perhaps we are told of pains in the limbs; we require no further corroboration to ask the history of primary sores and treatment.

When the ulcers of rupia heal, they leave behind them ugly cicatrices, with more or less of a purplish hue of the skin, and often a brownish stain, that is said to be characteristic of syphilitic cutaneous disease. It is certainly a concomitant of syphilitic disease of the skin rarely absent, but this brown hue is also met with in non-syphilitic affections. I consider it to be an indication of cachexia rather than of syphilis, and the frequency of cachexia in association with syphilis explains its concurrence with that disease.

The treatment directed for this patient was the blue pill and opium internally, and black wash locally for the primary symptoms. For the secondary symptoms, he had sarsaparilla, with nitric acid, in the first instance; and opium to relieve the nocturnal pains; afterwards, he took the iodide of potassium with sarsaparilla. His regimen consisted of eggs and wine; then a mutton chop, with four glasses of port wine; and, as he grew stronger, a pint of stout, with two glasses of port wine, daily.



W. H. W. W. W.

Printed by H. K. W. W. W.

THE SYMPHONY

Printed by H. K. W. W. W.

TUBERCULOUS AFFECTIONS OF THE DERMA.

PSORIASIS GYRATA SYPHILITICA.

SYNONYMS: *Syphiloderma annulatum ulcerans*.—*Tubercula annulata syphilitica, ulcerantia*.—*Tubercula ulcerantia serpiginosa, syphilitica*.—*Syphilide pustuleuse serpigineuse*. Alibert.

THE subject of the accompanying illustration was a healthy-looking man, forty-two years of age, married, and the father of three children.

His application to me took place in consequence of the eruption, represented in the plate, which consisted of numerous rings of various size, having broad margins, slightly ulcerated, and more or less coated by thin scales of epiderma and desiccated secretion.

With reference to his medical history, he informed me that at the age of twenty-one he suffered for the first time from venereal disease, his attack being gonorrhœa with a superficial sore. For this, he was treated with mercury to the extent of salivation, and got well in six weeks. Two years later, he had another attack of gonorrhœa, which was accompanied by a troublesome sore and bubo; and four years after this, having married in the meanwhile, he had gonorrhœa, with a venereal sore, for the third time.

His third attack of venereal disease occurred two years after his marriage, and lasted two months. Some weeks after getting well, an eruption of red spots, (probably roseola orbicularis) without any elevation of the skin, made their appearance on the trunk of the body and arms; and from that time until the present, a period of sixteen years, he has been the subject of occasional outbursts of eruption, but without being aware of their venereal nature. These eruptions, for the first eight years, were perfectly flat and even with the skin. During the next six years, when they appeared, they were elevated and squamous; and for the last two years have assumed the annulate character, at first being perfectly smooth, and recently exhibiting a tendency to superficial ulceration. This particular order of transition is interesting in illustration of an opinion which I have long entertained of the unity of the syphilitic cutaneous eruption. To designate the three forms of eruption by the names at present in use, the first was probably a roseola; the second, a tubercular eruption; and the present, a serpiginous, ulcerating, tubercular eruption.

Together with the cutaneous eruption he had, on the first occurrence of the secondary disease, soreness of the throat; and since then, until the last four years, has been liable to frequent similar attacks, with "soreness," probably an aphthous state, of the sides of the tongue. The soreness of the throat has never proceeded to the extent of ulceration.

With the first appearance of the secondary disease, he had likewise nocturnal pains in his limbs, principally in his shoulders, hips, and shins; but no symptoms indicative of periostitis, or nodes. And for the last few years, he has ceased to be troubled with pains.

At present, he is free from all constitutional symptoms but the eruption. The latter forms a curious tippet around his neck, and consists of circles enclosing within their area, groups of tubercles variously distributed; this is remarkably the case on the neck, where the tubercles, in a state of superficial ulceration and encrusted by desiccated secretion, form a large cluster, apparently separate from the large ring below. The irregular congregation of these tubercles has caused the rupture of the boundary ring. Around the

waist, some curious figures are produced by the blending and imperfect development of the rings: forms which remind us of the tortuous eruptions upon which Willan and Bateman have bestowed the name of "gyrata." It is, however, quite evident that they are nothing more than modified rings.

The wife of this patient seems to have evinced no symptoms of constitutional syphilis in herself; but she suffered two miscarriages subsequently to her husband's last attack of the disease. The miscarriages took place at the seventh month. She has had one child since; the child is delicate in health, and is troubled with a scurfy condition of the face and scalp.

My treatment of this patient consisted in the exhibition of a third of a grain of the biniodide of mercury three times a day, from three pints to two quarts of elder-flower infusion (two drachms to the pint) daily; total abstinence from alcoholic stimulants, and but a small quantity of meat. The eruption underwent a change for the better rapidly under this plan, and at the end of a fortnight, finding that the biniodide acted upon the bowels and produced pain, I changed it for the bichloride in doses of the twelfth of a grain. When I last saw him, some months ago, he was almost well; and as he has since discontinued his visits, I believe him to be cured.



N Hagel adms del: er: lud

Printed by H. M. Walcott

PSORIASIS CYRATA SYPHILITICA
A.C.

Published by J. Churchill, 15, Newgate Street, London.

TUBERCULOUS AFFECTIONS OF THE DERMA.

LUPUS EXEDENS SERPIGINOSUS.

SYNONYMS: *Herpes Exedens*. — *Herpes Esthiomenes*. — *Dartre rongeante*, *Esthiomene serpiginouse*, Alibert. — *Dartre rongeante qui detruit en surface*, Bielt.

THE subject of the disease illustrated in the two following plates is a poor woman, twenty-five years of age, the mother of four children—one an infant in arms. The first plate shows her state in the month of September of the present year (1847), when the ulceration was rapidly spreading over the right cheek. The second plate exhibits the left side of her face, on which the traces of a similar ulceration are deeply and characteristically imprinted.

She is a person of sturdy frame, and bilious-lymphatic temperament, and always enjoyed good health until the birth of her first child. During her pregnancy, she suffered very much, and, after her confinement, was ill for some time with inflammation of the womb. She was still feeling the effects of her previous illness, when she was confined with her second child, and on this occasion, as on the preceding, was attacked with inflammation of the womb, which kept her long in a state of prostration and feebleness.

About three months after the birth of her second child, she first perceived a small pimply elevation on the left cheek, just below the eye. The pimple, or rather tubercle, caused an itching, which she relieved from time to time by scratching, and in this way produced a slight abrasion of its summit. A small dry and thin scab then formed, and was repeatedly removed by the nails in the act of scratching, and, as repeatedly reproduced. During this time, the tubercle increased in breadth; when the scab was torn off, a little matter oozed from beneath it, and a small ulcer was brought into view.

In this manner, with no other symptom than a moderate degree of itching, the tubercle increased in size, extending itself so as to form a crescentic ridge, and the ulceration slowly went on, concealed from view by the scab which formed upon its surface, and which was now become brown and thick, and more extensive. The tubercle, at its first appearance, was of a dull red colour, and hard to the touch; and, as the ulceration advanced, the margin of skin immediately around the scab maintained a red hue. Occasionally, under the influence of local irritation, such as, by accident, rubbing off the scab rudely during the night, the redness became increased; this was followed by a sense of heat, fulness, and throbbing in the part, and the ulceration was then perceived to advance more hurriedly for a few days.

From its starting point on the left cheek, the disease gradually advanced upon the nose, extending upwards, and involving the inner angle of the lower eyelid and the root of the nose, and downwards to the ala nasi. Between these points it reached nearly to the ridge of the nose. In its progress it maintained its original tuberculous character, varying from an inch to an inch and a half in length, but not exceeding four or five lines in breadth, and as the sound skin in front became involved in the disease, that behind healed up, and presented a deep, pitted, and uneven cicatrix, such as would be occasioned by a severe burn.

Thus far the disease had advanced in the course of fourteen months; and when, at the end of this time, the patient first came under my care, the corroding ulcer, concealed by its dark-brown and greenish scab, occupied the left ala of the nose, and the left side of the upper lip. The region of its previous

devastations—namely, the side and root of the nose, and the neighbouring part of the cheek—was indicated by a deep, pitted, pinkish, and glossy cicatrix, crossed and recrossed by white cord-like bands, and somewhat distorting the surrounding skin by the contraction which had taken place. This latter condition was most apparent at the angle of the eye, the lower eyelid being slightly drawn downwards to the cicatrix; and again, between the eyebrows, where the contraction had produced a permanent frown. (See PLATE F.)

She had no pain in the ulcer, the uneasiness which it occasioned being limited to a moderate degree of itching, and, occasionally, when more than usually excited, to a sense of fulness and throbbing. During her confinement, the tubercle somewhat subsided; it became pale, the discharge diminished, and the ulcer seemed to be drying up.

Her general health was little affected by the disease; her tongue indicated a little gastric and hepatic irritation, but otherwise she seemed well. To my question, whether she felt her constitution influenced by the local disorder, she replied that she thought it made her “nervous and weak.”

After putting her digestive system in order, I prescribed for her the liquor hydriodatis hydrargyri et arsenici, in doses of twenty drops, three times a day, and pencilled the ulcer with the chloride of zinc in a state of deliquescence. Under this treatment the ulceration took on a healthy character, and healed; and I lost sight of her for some months.

On her return, the disease had attacked her right lip; having commenced as usual with a small tubercle, which enlarged longitudinally, assumed a crescentic shape, and became the seat of a slow and progressive ulceration. The matter poured out by the ulcer formed a thick, brownish and greenish, and, in some spots, yellowish scab; and under cover of this scab, the ulceration gradually extended. PLATE E was drawn at this period, and shows the progress which the disease had made in six months.

The lip and cheek were at this time slightly swollen, as if from infiltration; there was a transparency about the newly-formed cicatrix also which denoted a similar condition of that part, and the redness along the border of the scab was deep and angry, but duller than that of common inflammation. It was evident that the morbid action was in an excited state, and in a condition to cause rapid ulceration, unless immediately checked. Indeed, this tendency was shown in another way: on the new cicatrix of the lip, a pustule had formed, having an inflamed areola; and when the pus which it contained dried into a scab and was removed, a new point of ulceration was seen beneath it. A similar pustule, raised upon a hard and inflamed base, and resembling a pustule of acne, of large size, was, at the same time, developed on the right cheek, just above the crescentic scab. (PLATE E.) I allowed this pustule to take its course, in order to determine whether it were an example of the so-called pustular origin of lupus exedens, which it proved to be. The matter formed in this pustule was copious, of a bright yellow colour, and gave rise to a large and thick scab. When the latter was removed, a deep ulcer was found beneath it.

Now, as relates to *cause*. Alibert has classed lupus into three varieties — viz., idiopathique, scrophuleuse, and venerienne. Following this arrangement, I conceive the present case to come under the denomination of dartre rongeante idiopathique. I can detect no trace of scrofulous diathesis; she has no enlargement of lymphatic glands, and has never suffered from any form of cutaneous disease. Then, I can have no suspicion of a cause of the latter kind; indeed, it would be very unreasonable to entertain any such idea.

The treatment which I pursued in this case has been perfectly successful in putting a present, and, I trust also, a permanent stop to the disease. I again resorted to the triple solution of iodine, mercury, and arsenic; but the most striking benefit resulted from the local application of chloride of zinc in a state of deliquescence. By this remedy, the ulceration was instantly checked; the surface became clean, and took on a restorative action, and the swelling and infiltration, together with the lurid redness of the surrounding skin, subsided and disappeared. In fine, a disease of six months' growth, and in an angry and irritable state, was healed in a fortnight by these means. The ulcerations formed under the two pustules above referred to, yielded to a single application of the chloride.



W. Laeg ad nardet lith.

London: W. & A. T. Smith's new Process.

LEPTE EXADENE VERPIGINOSUS.

London: W. & A. T. Smith's new Process.



W. Bagg ad nat. del. et lith.

Hillmandel & Walton Lithograph.

LUPUS EXEDENS SERPICINOSUS.

London: Published by J. Churchill, Princes St. Leicester Sq. December 1st 1847.

TUBERCULAR INFLAMMATION OF THE DERMA.

SYPHILODERMA TUBERCULATUM HÆREDITARIUM.

THE accompanying plate is an illustration of a curious and remarkable tubercular affection of the skin, which, taking its origin, as it appeared to me, in the syphilitic poison, I have denominated syphiloderma tuberculatum. The additional term, hæreditarium, I intend to signify that the poison was not imbibed by the patient herself, but was probably transmitted from her parents. Nevertheless, whatever the cause and origin of the disease may have been, and they are undoubtedly obscure, the result is recorded here, in an exact and faithful portraiture, such as it was when brought under my notice for diagnosis and treatment.

The eruption consisted of broad raised patches of a rounded form, as is exemplified on the forehead, cheek, and below the jaw; and small tubercles, as those on the temple, ear, and neck. On the forehead the tubercular character was occasioned by a general thickening and vascular congestion of the skin; on the cheek the rounded form of the tubercles was more evident, and the large tubercle near the ear had the appearance of a ring, from being depressed in the centre and raised only at the border. These tubercles all arose from a ground of erythematous redness. A circumscribed patch of congested and erythematous skin is seen below the jaw; this patch had not yet assumed the tubercular character. The isolated tubercles on the temple, ear, and upper lip show the character of the eruption as it existed on the greater part of the body; while on the neck their form was altered by the laxity and folding of the skin, and in the latter situation they were papulated on the surface. The general elevation of the tubercles was about two lines, their colour a dull red, and they were dry and rough to the touch. This was more particularly the case with regard to the mature tubercles, and especially the annulate tubercle near the ear. The surface of this tubercle was depressed; it was dry and harsh; the cuticle was thick, yellowish, and rough; and the sebiferous follicles were distended with a horny secretion, which projected from their apertures.

The history which the patient gave of herself was as follows:—She was single; she had never any affection of the organs of generation; she was not subject to sore-throat, but had been troubled with occasional attacks of rheumatism during the last five or six years. About eight years back, while menstruating, she received a fright, which suddenly arrested the uterine secretion, and she had no return of the catamenia for six weeks. Soon after this occurrence, she became the subject of violent fits of flushing of the skin, affecting the left arm, the left side of the forehead, and the right cheek. The heat accompanying these flushes was excessive; she described it as being “dreadful.” For some period the flushings came and went, but after a few weeks they became fixed. The patches were prominent, rough, and covered by an altered epiderma; she compared them to the rough bark of a tree. The patch on the arm was as large as a half-crown, and had a centre of white; it was, no doubt, similar to the large annular patch on the cheek, but less congested from its situation, the white central patch resulting from partial atrophy of the skin and thickening of the cuticle. Twelve months later, two other patches made their appearance, one on the right arm and one on the neck. These patches were less raised than the preceding, and were attended with considerable itching. After their occurrence, the eruption began to spread gradually over the face.

This state of things continued for four years, when she was induced to put herself under medical treatment, and was mercurialized to the extent of salivation. The mercurial action was kept up for nearly

twelve months, but with no other effect than that of reducing her strength and indirectly favouring the increase of the eruption, which had become more extensive during the treatment.

Up to this time, and until the age of forty-nine, menstruation was regular; it then ceased abruptly, and a month after the cessation, the eruption broke out over nearly the whole of her body, in the form of small round tubercles. The tubercles were very numerous, as may be inferred from their aggregation on the back of the neck, as represented in the plate; but their general character was rather that of the tubercles situated on the temple and upper lip. The only parts of the body excepted from the eruption were the legs below the knees, and the hands.

I had now to decide upon the treatment of this case; but before doing so, it became necessary to determine its diagnosis. The eruption had many of the characters of a syphilitic eruption, and especially of those forms of constitutional syphilis which originate in a modified poison. I therefore came to the conclusion that the eruption was a manifestation of the syphilitic poison, modified by certain conditions, and probably by hereditary transmission; this probability was suggested to my mind, not merely by the opinion I had formed of the character of my patient, and the fact of her having been unmarried, and having had none of the concomitant symptoms of syphilis, but chiefly from the appearance of the disease, which more nearly resembled the eruptions of syphilis than any other of the forms of cutaneous disease common to this country. These, then, are the reasons for my naming the disease as I have, *Syphiloderma tuberculatum hæreditarium*.

I take it for granted that the disease must have had its origin and been maintained by an animal poison, and, in the present state of our knowledge, we are ignorant of the existence of any other animal poison than syphilis which is capable of giving rise to and supporting a chronic affection of the skin of this kind. But it has frequently occurred to me to consider whether there may not be some animal poison which equally with syphilis might act as a cause of disease. For example, in the present case, might not the powerful nervous shock which suddenly arrested an important secretion, and drove that secretion violently back upon its source, have so chemically transformed the elementary principles of the secretion as to have converted them into a poison; a poison which, once formed, may have possessed the self-supporting property of other animal poisons, and so have been capable of exciting, from time to time, an effort for its own evolution by the skin?

Of the power of the nervous system to cause such a transformation, few, I think, can doubt, who reflect on the curious phenomenon of the conversion, in the course of a few hours, and as the result of moral violence, of black hair into white.

The syphilitic poison, like that of small-pox, measles, and scarlatina, has long been recognised as the source of peculiar symptoms; and the syphilitic poison in its origin was probably a chemical transmutation of morbid fluids, the produce of the generative organs. The origin of the syphilitic poison is of ancient date, but it does not therefore follow that the causes which gave rise to it primarily may not exist at the present hour, and be capable of reproducing it from time to time. In like manner, causes sufficiently powerful may transform any of the fluids of the body into animal poisons, as among dogs we see evidenced in the production of the poison of rabies.

Regarding the disease in the case under consideration as one which might possibly have proceeded from a poison originating in a chemical transformation of the menstrual secretion, we are reminded of the fact that the disease began in a sudden arrest of that secretion, and took on its most violent form at the moment when menstruation finally ceased.

With respect to the treatment of the case I have little to say. I prescribed the iodide of potassium with a Plummer's pill at bedtime; the iodide of mercury and Donovan's solution at successive times; but without producing any impression on the disease. The poor woman, whose patience and hope were nearly exhausted when she came to me, soon became irregular in her attendance, and in a few weeks I lost sight of her altogether. If a cure is to be attained, I should look for it from the long-continued use of Donovan's solution, alternated with cod-liver oil.



W. Bagg, ad nat. del. et lith.

Printed by Hullmandel & Walton.

SYPHILODERMA TUBERCULATUM, HÆREDITARIUM.
A.S.

London, Published by J. Churchill, Princes Street, Leicester Square.



CLASSIFIED ARRANGEMENT OF PLATES.*

GENERAL DISEASES.

PLATE	
L. <i>Urticaria</i> , var. <i>perstans</i>	1
AK. <i>Roseola</i> , var. <i>annulata</i>	2
X. <i>Eczema simplex et rubrum</i>	3
AX. <i>Eczema capitis</i>	4
AY. <i>Herpes phlyctenodes et zoster</i>	5
AZ. <i>Herpes iris</i>	6
AG. <i>Pemphigus vulgaris, acutus</i>	7
AR. <i>Impetigo faciei</i>	8
Q. <i>Lichen simplex</i>	9
AD. <i>Lichen annulatus, serpiginosus</i>	10
AI. <i>Lichen annulatus, solitarius</i>	11
G. <i>Lichen agrius dorsi manus</i>	12
T. <i>Lepra vulgaris</i>	13
V. <i>Psoriasis vulgaris</i>	14
AM. <i>Psoriasis guttata</i>	15
AO. <i>Psoriasis inveterata</i>	16
AA. <i>Scabies vulgaris</i>	17

SYPHILITIC ERUPTIONS.

A W.	Erythema syphiliticum, infantile	18
K.	Erythema annulare palmare	19
D.	Psoriasis palmaris	20
A T.	Psoriasis palmaris	21
A V.	Psoriasis plantaris	22
A Q.	Psoriasis gyrata	23
P.	Roseola	24
A L.	Lichen confertus	25
A H.	Lichen corymbosus	26
A N.	Lichen annulatus	27

PLATE

O. Lichen disseminatus	28
N. Lichen tuberculatus	29
AB. Lichen tuberculatus, annulatus	30
Y. Impetigo syphilitica	31
W. Rupia syphilitica	32

DISORDERED CHROMATOGENOUS FUNCTION.

H. Melanopathia et Leucopathia	33
M. Melanopathia syphilitica.	34
A. Chloasma, vel Pityriasis versicolor	35

DISEASES OF THE SEBIPAROUS GLANDS.

Z.	Inflammatio folliculorum	36
S.	Xeroderma ichthyoides	37
AF.	Molluscum simplex	38
I.	Acne vulgaris	39
AP.	Acne rosacea	40
AE.	Sycosis vulgaris	41

DISEASES OF THE HAIR FOLLICLES.

B. Favus dispersus et confertus	42
C. Favus dispersus et confertus	43

SPECIFIC DISEASES.

R. Kelis	44
AC. Lupus non exedens	45
E. Lupus exedens serpiginosus	46
F. Lupus exedens serpiginosus	47
AS. Syphiloderma (?) tuberculatum hereditarium	48

* This arrangement will be found the most desirable to follow in binding the work.

INDEX.

	PLATE		PLATE
Acne rosacea	AP.	Melanopathia	H. M.
vulgaris	I.	Melitagra	AR.
Bakers' itch	G.	Mentagra	AE.
Bricklayers' itch	G.	Molluscum contagiosum	AF.
Cheloid	R.	simplex	AF.
Chloasma	A.	Nettlerash	L.
Crusta lactea	AR.	Nigrities	H.
Eczema capitis	AX.	Papulæ syphiliticæ	O.
chronicum	G.	Pemphigus iris	AZ.
rubrum	X.	vulgaris	AG.
simplex	X.	Pityriasis versicolor	A.
Ephelis alba	H.	Pompholyx	AG.
Erythema ichorosum	AX.	Porriigo asbestina	AX.
iris	AZ.	larvalis	AR.
marginatum	AD.	lupinosa	B—C.
palmare	AT.	Porriigo-phyta	B—C.
annulare	K.	Psoriasis guttata	AM.
plantare	AV.	gyrata	AQ.
syphiliticum infantile	AW.	infantis syphilitica	AW.
Favus	B—C.	inveterata	AO.
Folliculorum inflammatio	Z.	palmaris	D, K, AT.
Grocers' itch	G.	plantaris	AV.
Herpes esthiomenes	EF.	vulgaris	V.
iris	AZ.	Psydracia	AR.
phlyctenodes	AY.	Pustulæ syphiliticæ	Y.
zoster	AY.	Ringworm, honeycomb	B—C.
Ichthyosis	S.	Rosacea	AP.
Impetigo faciei	AR.	Roseola annulata	AK.
syphilitica	Y.	syphilitica	P.
Inflammatio folliculorum	Z.	Rupia	W.
Itch, bakers'	G.	Scabies lymphatica	AA.
bricklayers'	G.	purulenta	AA.
common	AA.	vesicularis	AA.
grocers'	G.	vulgaris	AA.
washerwomen's	G.	Shingles	AY.
Kelis; Keloides	R.	Sycosis	AE.
Lepra syphilitica, infantilis	AW.	Syphiloderma annulatum	AQ.
vulgaris	T.	erythematosum marginatum	AW.
Leucopathia	H.	tuberculatum hæreditarium	AS.
Lichen agrius	G.	Tinea asbestina	AX.
annulatus serpiginosus	AD.	favosa	B—C.
solitarius	AI.	furfuracea	AX.
marginatus	AD.	lupinosa	B—C.
simplex	Q.	maligna	B—C.
syphiliticus annulatus	AN.	Tubercula syphilitica	N, AB.
confertus	AL.	annulata	AQ.
corymbosus	AH.	ulcerantia	AQ.
disseminatus	O.	Urticaria	L.
tuberculatus	N, AB.	Washerwomen's itch	G.
tuberculatus	N, AB.	Xeroderma ichthyoides	S.
Liverspot	A.	Zona ignea	AY.
Lupus, exedens	E—F.	Zoster	AY.
non-exedens	AC.		



